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MACROECONOMIC POLICY QUESTIONS: TRADE AND DEVELOPMENT

Specific measures in favour of island developing countries

Note by the Secretary-General

1. In paragraph 9 of its resolution 49/100 of 19 December 1994, the General Assembly requested the Secretary-General to report to the General Assembly at its fifty-first session on the implementation of the resolution and, in recognition of the complementarity between the follow-up to the 1994 Barbados Conference on Small Island Developing States and ongoing island developing country programmes, also requested the Secretary-General to take measures to provide for integrated reporting on, and synergetic consideration of the issues of island developing countries.

2. Pursuant to that request, the Secretary-General has the honour to transmit to the General Assembly the report of the secretariat of the United Nations Conference on Trade and Development (see annex).

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* A/51/150.

Annex

SPECIFIC MEASURES IN FAVOUR OF ISLAND DEVELOPING COUNTRIES

Report by the secretariat of the United Nations Conference on Trade and Development

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I. INTRODUCTION

1. In paragraph 3 of its resolution 49/100 of 19 December 1994, the General Assembly took note with appreciation of the report of the Secretary-General on a development strategy for island developing countries (A/49/227 and Add.1 and 2). In paragraph 5 of the same resolution, the Assembly called upon the international community to implement all the commitments achieved and the recommendations made at the 1994 Barbados Conference on Small Island Developing States and to take the necessary action to give effective follow-up to the Programme of Action for the Sustainable Development of Small Island Developing States 1/ and, in relation to trade and development issues with respect to island developing countries, reiterated the appeals made in paragraph 6 of General Assembly resolution 47/186 of 22 December 1992. In paragraph 6, the Assembly noted the valuable role of the United Nations Conference on Trade and Development (UNCTAD) in support of island developing countries, as recalled in resolution 47/186, and welcomed the provision made in its resolution 49/122 of 19 December 1994 for strengthening the capacity of UNCTAD to carry out, in accordance with its mandate, the research and analysis necessary to complement the work of the Department for Policy Coordination and Sustainable Development of the Secretariat.

2. As noted in the Secretary-General's covering note to the present report, in resolution 49/100 the Secretary-General was requested to report to the General Assembly at its fifty-first session on the implementation of the resolution. In paragraph 7 of the resolution, the Commission on Sustainable Development was invited to convene, during its session in 1996, a high-level panel to discuss the challenges faced by island developing countries, particularly in the area of external trade. UNCTAD was requested to organize this panel in cooperation with the Department for Policy Coordination and Sustainable Development. The panel met at United Nations Headquarters in New York on 22 and 23 April 1996. The policy recommendations of the panel are outlined in section II of the present report. Furthermore, in accordance with paragraph 5 of resolution 49/100, the Secretary-General of UNCTAD sent a note verbale to all Governments of States members of UNCTAD as well as a letter to international and intergovernmental organizations, requesting them to provide him with information on the actions they had undertaken and on the policies adopted in favour of island developing countries. That information as well as a brief review of UNCTAD's own work on the specific needs and problems of island developing countries are presented in section III of the present report.

II. POLICY RECOMMENDATIONS OF THE HIGH-LEVEL PANEL ON ISLAND DEVELOPING COUNTRIES

A. The new approach to island-specific characteristics

3. Particular attention should be given to the evidence showing an increasingly broad variety of socio-economic situations among island developing countries. As a result, the relationship between island-specific handicaps related to smallness and remoteness on the one hand, and the economic performance of island developing countries on the other hand has become less

straightforward than in the past. Some small island economies which used to be regarded as acutely disadvantaged have actually demonstrated significant growth over time and are now classified among high-income countries, while some of the larger and less remote among them are facing severe challenges in the context of trade liberalization and globalization. In short, the nature of economic issues among island developing countries has evolved, even though the disadvantages of "islandness" remain real in many island developing countries. This evolution of issues implies an evolution in policy responses.

4. In future analytical work, categorization of island developing countries by type of specialization, performance or vulnerability should be systematic. This is necessary if one is to enhance awareness of the relationship between their socio-economic performance and its underlying factors. Consideration of homogeneous subgroups of those countries can facilitate effective cross-country analysis regarding them. There are still common characteristics and problems among island developing countries, but these characteristics and problems will be more usefully dealt with within subgroups and through comparisons between subgroups. By studying island developing countries along these lines, one can draw lessons from the successes or failures of some of them with a view to helping other such countries to achieve progress towards sustainable economic development.

B. Sustainable development strategies

5. The main challenge facing island developing countries is to adopt an overall development strategy designed to reduce the vulnerability of their economies and facilitate sustainable economic development. Such a strategy will have to be outward-oriented because trade in goods and services, international capital flows and international migrations will continue to play an important role in the development pattern of these countries. Some countries should however be encouraged to reduce their heavy dependence on imports by striving to create more integrated production structures based on available domestic resources in such areas as food and artisanal fisheries so as to build up and maintain a nutritional "safety net".

6. The development strategies of island developing countries should involve macroeconomic policies that will take into consideration long-term requirements for sustainable development in various sectors of the economy. These strategies should involve developing or strengthening the capacity to assess the environmental effects of trade policies, to secure coordination between environmental and trade policies, including cooperation between environmental and trade officials in policy-making, and to promote transparency *vis-à-vis* the public in these processes. To the extent possible, the development strategies of island developing countries should involve the utilization of relevant regional arrangements. The role of the private sector in formulating and implementing such strategies should be enhanced.

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C. Alleviating the intrinsic handicaps of island developing countries

7. In an increasingly competitive global economy, island developing countries are at a serious disadvantage because of the intrinsic weaknesses of their economies that are a result of the range of adverse factors discussed above. They should, with the support of the international community, give high priority to the following policy areas.

Human and institutional development

8. Human resource and institutional infrastructure development should be enhanced. Special attention should be given to the development of return incentives for skilled emigrants. There is a need for special programmes of "education for sustainable development" with special emphasis on changes in attitudes and values and on cultivating island-specific cultures in response to new socio-economic challenges.

9. In view of the growing need of island developing countries for skilful negotiations in international forums and with foreign investors, special training programmes should be organized, with the support of the international community, to develop the negotiating capacity of island policy makers.

10. Efforts must be pursued to actively promote indigenous entrepreneurship. Returning migrants with entrepreneurial skills and capital should be provided with an appropriate environment to make a contribution in this area.

11. Measures to enhance socio-political stability and good governance and to secure sound macroeconomic policies that will be conducive to private foreign and domestic investment should be strongly encouraged.

Technology transfers

12. Island developing countries should identify appropriate technology to encourage environment-friendly diversification of production and trade, facilitate adaptation to changing market conditions and compete internationally.

Natural resources

13. Island developing countries should seek to exploit fully, within the limits of sustainability, their agricultural potential and marine resources in the exclusive economic zones by enhancing relevant skills and carrying out specialized studies on the conservation, management and surveillance of these resources. Appropriate marketing structures and decentralized and affordable credit facilities should be encouraged.

Services

14. Service sectors, particularly tourism and offshore financial services, have proved to be significant factors of development in many island developing countries. In developing tourism, efforts should be made to encourage forward and backward linkages with other sectors of the economy. Proper management of

environmental assets, which is essential for the sustainability of tourism, should be promoted. Environmental considerations should be taken into account in the development of new types of tourism such as eco-tourism and cultural tourism, which are based on or associated with environmental assets and imply environmental protection.

Transport and communications

15. Innovative approaches to transport and communications development should be promoted to facilitate access to such services at lower costs, particularly for small and remote as well as archipelagic island developing countries. Projects to improve links with the main trading partners and inter-island feeder services should receive special attention from donors, as such projects often do not meet the normal commercial criteria. International assistance will be required to improve these countries' access to global trade information facilities and new trading opportunities through the use of telematic facilities such as Internet, and particularly through UNCTAD's Global Trade Point Network.

Global hazards

16. National regulations should be put in place to counter illicit uses of offshore financial instruments. Measures to prevent drug trafficking should be enhanced through regional and international cooperative arrangements.

17. Disaster preparedness and warning capabilities should be enhanced, and measures to mitigate the effects of disasters should be integrated into long-term development planning.

18. Measures to mitigate the consequences of global warming and sealevel rise should be a central part of development planning.

Efficiency of import regimes

19. Small and remote island developing countries, with their heavy dependence upon imports, need support to identify ways of reducing the costs of imports. This may include, inter alia, better access to competitive sources of supplies, streamlining of import procedures and the establishment of databases on international prices and the quality of import products. Such countries should also discourage imports of certain products which pose a threat to their fragile environment.

D. Liberalization, globalization and sustainable development

20. Sustainable economic development in island developing countries largely rests on specialization in sectors that are not only viable economically but also non-polluting (environment-neutral/friendly) or based on environmental assets (for example, eco-tourism). The question of specialization in the pursuit of sustainable economic development is of particular importance. The implications for specialization of trade liberalization and globalization should be further analysed with a view to maximizing the benefits of new trading opportunities.

E. Enhancing the use of current trading opportunities

21. The capacity of island developing countries to better exploit existing trade preferences should be strengthened. In spite of the erosion of preferential margins, schemes under the generalized system of preferences (GSP) are expected to continue to play a significant role in facilitating the participation of island developing countries in international trade. Rules of origin criteria should be more flexibly defined. Preference-giving countries should be encouraged to accept relatively higher proportions of third-country inputs in the manufacturing of export goods and should provide for simple administration of documentary and shipment requirements. Other measures to enhance the effectiveness of GSP schemes should include the extension of product coverage to more goods of export interest to island developing countries (e.g. tropical products, leather goods, textiles and clothing) and the harmonization of GSP rules of origin among preference-giving countries.

F. Taking advantage of new trading opportunities

22. Island developing countries should analyse their specialization pattern, identify new trading opportunities in goods and services, and devise national policies for trade diversification. Action in this respect could involve detailed national studies, for those countries seeking to enhance their specialization, of their current specialization (factors, structure, etc.), respecialization potential, and new trading opportunities in areas of goods or services (including for "niche" markets) in the regional and international trading environment. National policies should be devised to warrant successful diversification in these countries.

23. Developing the capacity of island developing countries to identify new trading opportunities is essential for these countries. This could be achieved through systematic analysis, at the national level, of the implications of changes in market access for island exports, considering the existing pattern of trade and the potential for diversification. The development of trade information capacities through global communications facilities should be actively pursued in this connection. Generally, more technical assistance will need to be devoted to the identification of new trading opportunities and dissemination of findings.

24. Awareness of the new rights and obligations resulting from the Uruguay Round is also essential for island developing countries which are or will be members of the World Trade Organization (WTO). This implies continued technical assistance to facilitate the implementation of market access commitments and enable them to implement legislative and regulatory changes with regard to tariff policies, non-tariff measures and the new issues (TRIMs and TRIPs in particular).

G. Promoting a favourable environment to enhance specialization

25. In order to enhance their specialization or, whenever necessary, "re-specialize", island developing countries need to create an "enabling" environment for investment, diversification and trade expansion. A useful input, to that end, would be the preparation at a global level of a policy paper on the areas of action to be taken into consideration to enhance the specialization of such a country (investment, technology, trade, human resources development). Detailed policy recommendations could then be provided to individual island developing countries on investment, technology, domestic support services, and trade, including the adaptation of national trade policies to the new multilateral trade framework. Human resources for investment attraction, technological development and trade expansion should also be developed in the perspective of enhanced specialization.

H. Developing sectoral information

26. Action should be taken to raise the level of awareness of opportunities for enhanced specialization in goods or services that are of special interest to island developing countries. This could involve developing a database on sectoral specialization in these countries; establishing an inventory of sectoral activities and related trading opportunities of potential interest to island developing countries that seek to enhance their specialization; and carrying out special in-depth studies of selected sectors of goods and services, with particular focus on conditions for success and anticipated benefits.

I. Regional and international support measures

27. The donor community is called upon to provide island developing countries with the required financial and technical assistance in support of their domestic efforts in the critical areas that have been elaborated on above. Given the particularly acute resource constraints and the volatility of export earnings in most island developing countries, international assistance should continue to be provided on highly concessional terms and over a long time-frame. The terms and conditions of such assistance, including the procedures for aid delivery, should be flexible and simplified.

28. In view of the small size constraint faced by many island developing countries, special efforts should be made to promote regional cooperation arrangements that offer a viable framework for realizing economies of scale in various economic activities, particularly with regard to resource exploitation, protection and policing of coast lines and exclusive economic zones, environmental protection, market access, development and sharing of human resources, expansion of inter-island feeder services, tourism development and exchange of information on successes and failures in various areas of development.

29. Subregional, regional and international organizations dealing with trade-related issues should stand ready to provide the required technical assistance to strengthen the efficiency of the external sectors of island

developing countries, including their capacity to negotiate in international forums and with foreign partners such as private investors. The Alliance of Small Island States (AOSIS) played an important role in the negotiating process during the United Nations Conference on Environment and Development. Island developing countries should seek to organize themselves in a similar manner in other areas of international negotiations.

J. The role of UNCTAD

30. UNCTAD, in its field of competence and in collaboration with relevant regional and international organizations as well as non-governmental organizations, should be prepared to extend to island developing countries its technical cooperation capacity in respect of policies for sustainable economic development. A technical cooperation framework in favour of island developing countries should be formulated along these lines and provide, inter alia, for enhancing their international competitiveness and specialization in goods and services. UNCTAD should carry out specialization strategy studies at the national level to assist such countries in exploiting new trading opportunities and enhancing their specialization. Areas of policy assistance should involve investment, trade, technology, development of small and medium-sized enterprises, and human resources development.

31. It is recommended that a second meeting of island developing countries and donor countries, similar to the one convened in 1990 pursuant to General Assembly resolution 43/189 of 20 December 1988, be organized by UNCTAD by mid-1997 to assess, inter alia, the progress in the implementation of the recommendations of this panel, and review the activities carried out or planned within the framework of the technical cooperation project mentioned above.

III. INFORMATION RECEIVED FROM INDIVIDUAL COUNTRIES

A. Germany

32. Germany has financed bilateral projects in several island developing countries. In Africa, three projects are under way, amounting to a total of DM 12.15 million. Beneficiary countries are Mauritius, Sao Tome and Principe and Seychelles. In the Pacific, two projects, worth a total of DM 4.5 million, were financed in Papua New Guinea in 1995. Additionally, several States in the region have benefited from technical cooperation through funds granted for actions undertaken by NGOs. In the Caribbean, Germany has provided technical cooperation, in a variety of areas, to Jamaica. Technical cooperation projects are also promoted in collaboration with regional organizations such as the Organization of Eastern Caribbean States (OECS) and the Caribbean Community (CARICOM) (in the areas of environmental conservation and vocational training) and the Caribbean Epidemiology Centre (in the area of health).

33. In addition to the above assistance, Germany has signed bilateral treaties for the promotion and protection of foreign investment with Barbados, Cape Verde, Cuba (initialled), Dominica, Jamaica, Malta, Mauritius, Papua New Guinea,

Saint Lucia, Saint Vincent and the Grenadines and Singapore. The treaties with Barbados, Cuba and Jamaica are not yet in force.

B. Japan

34. In the Pacific, Japan provides, on a yearly basis, a contribution amounting to US$ 600,000 for its Small-scale Industrial Development Programme and Energy Development Programme, which are implemented by the South Pacific Forum secretariat. Every year since 1994, Japan has also provided $250,000 in funding for and organized an annual seminar aimed at promoting exports of goods from the South Pacific island developing countries. It is further expected that in October 1996, a South Pacific Island Centre will be opened in Tokyo to enhance trade, investment and tourism between Japan and Pacific island developing countries.

35. At the Third Japan-CARICOM Countries Consultation Meeting, held in January 1995, it was agreed that Japan and the Caribbean countries would continue to discuss Japanese assistance for possible projects in areas such as prevention of hurricane-related disasters, management of tourism resources, funding for grass-roots development and the establishment of a cooperation fund for medical projects. In order to assist in the formulation of project proposals, Japan proposed to send specialists to the CARICOM secretariat and to follow up the process on both sides.

C. Madagascar

36. Madagascar is relatively distant from the major international markets. This situation, together with its poor air and maritime connections, are factors leading to the loss of competitiveness of its exports. The absence of direct maritime links to the relevant markets necessitates the recourse to transshipments, which increase the risks of export operations. Moreover, low-value, perishable goods, such as fruits and vegetables, cannot be exported, owing to the prohibitive air transport cost. The Government of Madagascar has thus elaborated a project for the establishment of adequate cold storage facilities at ports and airports, in order to facilitate the export of perishable and other goods that require cold storage. It is expected that this project will be partly financed by international donors. Other factors affecting the competitiveness of Madagascar exports are the high cost of telecommunications and the limited access to information on international markets.

D. Malta

37. The Government of Malta collaborates on an ongoing basis with the Islands and Small States Institute of the University of Malta in research and training activities related to island developing countries. An important topic of research has been the analysis of the intrinsic disabilities of island developing countries, resulting from factors such as small size, high transport costs and proneness to natural disasters, lending a great deal of vulnerability

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to the economies of such countries, including those that are apparently economically better off.

E. Philippines

38. In 1995, the Government of the Philippines sponsored a Regional Workshop on the Role of Women in Fisheries Development, with the participation of the following island developing countries: Fiji, Indonesia, Kiribati, Maldives, Papua New Guinea, Philippines, Solomon Islands and Tonga. The workshop formulated and adopted the Iloilo Resolution on the Role of Women in Fisheries Development in Asia and the Pacific, which was endorsed by the Fourth World Conference on Women held at Beijing in 1995. As a follow-up to the workshop, the Government of the Philippines sponsored, in 1996, the Regional Database Workshop for Women in Fisheries Development, aimed at documenting and enhancing the participation of women in fisheries development and hastening and promoting the generation of a database, as well as networking and information exchanges among Asia/Pacific and South Pacific countries. Papua New Guinea, Philippines and Sri Lanka participated in the workshop.

F. Sweden

39. Sweden contributed, as a member of the Asian Fund for Development, to lending with highly concessional terms to the Cook Islands, Kiribati, Maldives, the Marshall Islands, the Federated States of Micronesia, Solomon Islands, Tonga, Tuvalu, Vanuatu and Western Samoa. Other island countries (Fiji, Nauru, and Papua New Guinea) also receive concessional development assistance financed by contributions from donors to the Asian Fund. Assistance via multilateral channels is seen as having a greater impact in small economies, and as being a more cost-efficient way of reaching out to remote island developing countries, especially those where Sweden does not have an official representation. For these reasons, Sweden is making efforts to increase its participation in the Caribbean Development Bank.

G. United Kingdom of Great Britain and Northern Ireland

40. During the period from 1990 to 1995, the United Kingdom's bilateral aid to island developing States amounted to about £295 million, with a peak of £91,118 million in 1990/91 and a low of £36,921 million in 1994/95. Technical cooperation (project) aid during the period was approximately £91 million, or about 30 per cent of the total. The main beneficiaries were Antigua and Barbuda, Barbados, Dominica, Fiji, Grenada, Jamaica, Kiribati, Mauritius, Papua New Guinea, Seychelles, Solomon Islands, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and Vanuatu. The United Kingdom also makes substantial contributions to island developing countries in the form of multilateral aid, including through the European Union.

H. Venezuela

41. Venezuela's cooperation programmes for Central America and the Caribbean are being conducted, inter alia, through the Programme for Energy Cooperation (San José Agreement), bilateral programmes, the Special Fund for the Caribbean and other multilateral arrangements with the Inter-American Development Bank, the Central American Bank for Economic Integration, the World Bank and the Export Financing Fund. In addition, the Investment Fund of Venezuela disbursed a total of about US$ 2.5 million, in the 1975-1995 period, to finance activities in Central America and the Caribbean.

42. Under the Programme for Energy Cooperation (Agreement of San José), initiated in 1980, Venezuela has supplied 80,000 barrels per day of crude oil to 11 Caribbean and Central American countries, including four island developing countries (Barbados, Haiti, Jamaica and Dominican Republic), with discounts ranging from 20 per cent to 25 per cent of the purchases. The beneficiary countries have used an amount of about US$ 1.3 million, derived from this facility, to finance 142 development projects for which the Investment Fund of Venezuela provided long-term credit. The new mechanism approved by the Investment Fund of Venezuela allows for the use of that facility for purchases by the private sector. The Special Fund for the Caribbean, established in 1979, provides technical assistance to Caribbean countries and territories. Fifteen per cent of this assistance is in the form of grants and the remaining is to be used for credit of up to 15 years, at interest rates not exceeding 2 per cent. By the end of 1996, the Fund will have disbursed $13.3 million. The Export Financing Fund is negotiating the reactivation of lines of credit for Trinidad and Tobago, Jamaica, the Dominican Republic, Grenada and Saint Lucia. Additionally, credit lines established within the framework of the Andean Financial Corporation to promote commerce between its member countries (Bolivia, Colombia, Ecuador, Peru and Venezuela) and the Caribbean and Central American countries have already been used by Barbados, Jamaica and Trinidad and Tobago.

IV. INFORMATION RECEIVED FROM INTERNATIONAL ORGANIZATIONS

A. United Nations bodies and programmes

1. Department for Policy Coordination and Sustainable Development

43. In response to resolution 49/100, the Department for Policy Coordination and Sustainable Development collaborated with UNCTAD in the organization of the High-level Panel on trade issues regarding island developing countries, which met on 22 and 23 April 1996 during the fourth session of the Commission on Sustainable Development. It prepared a report on action taken by the organs, organizations and bodies of the United Nations system to implement the Programme of Action for the Sustainable Development of Small Island Developing States (A/50/422 and Add.1) for the fiftieth session of the General Assembly. To assist the Commission on Sustainable Development in carrying out the review of the implementation of the Programme of Action, the Department has prepared three reports, on sustainable tourism development in small island developing States, energy resources for those States and current donor activities in support of their sustainable development. It has also coordinated the preparation of reports on telecommunications in such States and on management of natural and environmental disasters in them.

44. Other action in favour of island developing countries included the establishment, within the Department, of a Small Island Developing States Unit to carry out the functions specified in paragraph 123 of the Programme of Action and the preparation of a report on selected sources of funding for environmental projects accessible to small island developing States.

2. Economic Commission for Latin America and the Caribbean (ECLAC)

45. ECLAC, through its Division for the Environment and Development, undertakes several activities in which special attention is given to topics of interest to small island developing countries. For instance, under a proposal on strategies for the conservation and sustainable use of the coastal and marine biodiversity, criteria are being formulated for the application of the Convention on Biological Diversity to marine environments. This work encompasses, in an integrated manner, issues related to the integrated management of coastal zones and hydrographical basins, the application of the Global Programme of Action for the Protection of Marine Environments to inland activities and specific actions for the mitigation of the adverse effects of climate change. This type of approach meets the need for protection of fragile ecosystems, such as those of small island developing countries, and responds to various chapters of the Programme of Action for the Sustainable Development of Small Island Developing States. Furthermore, within the framework of its technical assistance activities for the application of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, ECLAC works directly with the secretariat of the Convention in the establishment of a regional framework for training and technological transfer in the area of waste management and minimization.

3. Economic and Social Commission for Asia and the Pacific (ESCAP)

46. ESCAP, through its Pacific Operations Centre (ESCAP/POC), has commissioned consultancies and provided advisory services to the Pacific island developing countries. ESCAP/POC currently has an advisory strength of nine advisers covering such diverse areas as economic and financial management, development and strategic planning, physical planning, sustainable development, social development, women in development, trade and investment, and ports and harbours development. The number of ESCAP/POC advisory missions to Pacific island countries rose from 80 in 1994 to 106 in 1995. Efforts are currently being made to equip the Centre with two additional advisers, respectively in project appraisal and evaluation, and in human settlements/physical planning. These are some of the priority areas identified by Pacific island developing countries.

47. In addition to ESCAP/POC activities, the ESCAP secretariat (Bangkok) has undertaken several actions in favour of island developing countries. These include, inter alia, the following: a project on enhancement of national capabilities for export of processed food products from six island developing countries, including four least developed countries (Maldives, Samoa, Solomon Islands and Vanuatu), which is under implementation; technical assistance to Fiji and Papua New Guinea in the area of trade information; a subregional seminar on trade policy issues to sensitize policy makers from Pacific island developing countries to recent developments in the international trade environment, especially the implications of the Uruguay Round agreements for these countries; advisory services to Fiji on its export potential; advisory services to Vanuatu on its accession to the World Trade Organization, and to Fiji, Maldives, New Caledonia, Tonga and Vanuatu on the framework for promoting micro-level efficiencies in the conduct of international trade. Furthermore, several studies dealing with subjects of specific interest to Pacific island developing countries have been published.

4. United Nations Conference on Trade and Development

48. Several General Assembly resolutions, over the last 20 years, have mandated the UNCTAD secretariat to monitor, analyse and bring to the attention of the international community the particular problems of island developing countries, especially those relating to the implications of smallness and remoteness. UNCTAD's work has mainly been organized through expert group meetings and special studies on subjects of importance to island developing countries.

49. UNCTAD's action in the implementation of resolution 49/100 has comprised the following three areas: (a) the organization of a high-level panel meeting on island developing countries; (b) research and analysis related to the particular problems and needs of those countries, including support to the work of the Department for Policy Coordination and Sustainable Development; and (c) provision of technical assistance and advisory services to island developing countries.

(a) High-level panel

50. As indicated in paragraph 2 above, a high-level panel meeting on island developing countries was held in New York on 22 and 23 April 1996. The panel's report was presented on 24 April 1996 to the Commission on Sustainable Development at its fourth session. The UNCTAD secretariat prepared the following documentation to facilitate the deliberations of the panel:

- An issue paper entitled "Development challenges facing island developing countries: basic issues and prospects in the context of trade liberalization and globalization"; 2/
- Two regional papers: "Trade issues and development prospects of island developing countries of the Caribbean", by Dennis Pantin, 3/ and "Trade issues and development prospects of island developing countries of the Pacific", by Peter Osborne. 4/

(b) Research and analysis

51. UNCTAD has been preparing a publication entitled "Island developing countries: trade issues and sustainable economic development". This volume, which will be published in 1996, comprises 10 chapters dealing with economic performance, specific disadvantages and advantages, the impact of trade liberalization and globalization on island developing economies, development options in the areas of goods and services, regional cooperation for trade development in the Caribbean and in the Pacific and UNCTAD's technical cooperation in favour of island developing countries. It will also include a statistical annex.

52. UNCTAD's global mandate also calls for support to the implementation of the Programme of Action for the Sustainable Development of Small Island Developing States. This role, as pointed out in paragraph 127 of the Programme of Action, involves "the research and analysis necessary to complement the work of the Department for Policy Coordination and Sustainable Development". Two chapters of the above-mentioned publication also constitute UNCTAD's response to a recommendation of the Barbados Programme of Action in its paragraph 99, which requested that "a study should be undertaken on the effects of trade liberalization and globalization on the sustainable development of small island developing States". A concise version of UNCTAD's work on this subject was incorporated in the issue paper presented to the high-level panel in April 1996. Further work in this regard addresses environmental concerns to ensure that all economic decisions in island developing countries will be environment-friendly.

53. UNCTAD is also, in collaboration with the International Maritime Organization (IMO), the task manager on maritime transport in the framework of the implementation of the Barbados Programme of Action. In this capacity, UNCTAD presented to the Commission on Sustainable Development at its fourth session (April 1996) a report of the Secretary-General entitled "Maritime transport in small island developing States". 5/

54. In response to a request from the United Nations Development Programme (UNDP) office in Barbados, UNCTAD is pursuing methodological work with a view to conducting a pilot study on measuring economic vulnerability in island developing countries. This work follows a preliminary study carried out by UNCTAD in 1992 6/ and is envisaged as an input to future work at a coordinated level on the construction of an indicator as envisaged by the Barbados Programme of Action in its paragraphs 113 and 114 ("vulnerability index").

(c) Provision of technical assistance and advisory services

55. In accordance with a recommendation of the high-level panel on island developing countries (April 1996), UNCTAD is preparing three regional projects of technical cooperation in trade-related policies for the Caribbean, the Atlantic/Indian Ocean region and the Pacific. These projects are designed to extend to these regions the relevant capacity of UNCTAD to assist island developing countries in the context of trade liberalization and globalization resulting from the Uruguay Round, which entails significant challenges for most of those countries.

56. UNCTAD is also participating in an inter-agency project of technical assistance to the Government of Haiti in the area of trade and investment policies.

57. In the framework of the Trainfortrade programme of UNCTAD, the following training activities have been conducted since January 1995:

- A training seminar on trade and the environment was held in Saint Kitts and Nevis in January 1995 for countries of the OECS region;
- A training seminar on The New Multilateral Trade Framework and its Implications for CARICOM Countries was held in Saint Vincent and the Grenadines in March 1995 for countries of the OECS region;
- A training seminar on risk management in commodity trading was held in Fiji in April 1996 for ACP countries of the Pacific;
- A training seminar on The new multilateral trade framework and its implications for Pacific island developing countries was held in Fiji in May 1996 for ACP countries of the Pacific;
- A training seminar on national trade policy in the context of multilateral trade was held in Cape Verde in July 1996 for three countries, including Cape Verde and Sao Tome and Principe.

58. Other specific activities pertaining to the following areas of technical cooperation or research programmes of UNCTAD have benefited island developing countries: competition policy; generalized Systems of Preferences and other trade laws; development of trade in services; Automated Systems for Customs Data (ASYCUDA); trade efficiency (Global Trade Points Network); economic cooperation among developing countries; trade and the environment; entrepreneurship development; TRAINMAR (Training human resources in maritime management).

5. United Nations Development Programme

59. Most island developing countries have placed emphasis on UNDP's support to natural resources management, human resource development, poverty alleviation and management development, particularly in the public sector. Activities are carried out in the framework of individual country programmes as well as subregional and regional programmes.

60. In the Caribbean, members and associate members of the Organization of Eastern Caribbean States have benefited from the Fifth Multi-island Programme (1992-1996) for the Eastern Caribbean, which concentrates on management development, environmental protection, natural resources management and poverty reduction ($4 million). The Caribbean component of the Fourth Regional Programme for Latin America and the Caribbean has also provided technical assistance in the amount of $7 million for the countries of CARICOM.

61. In the Pacific, UNDP has been one of the lead agencies for preparing the initial Sustainable Human Development Situation Analysis (SHDSA) of the Pacific island countries. Three programmes in which UNDP plays an active role are: (a) basic education and life skills (to improve the quality of primary education); (b) fiscal and monetary management and reform and statistical improvement (involving technical advice and training in areas such as effective management of government expenditure, efficient collection of government revenue, effective supervision of commercial banks and improved compilation and analysis of balance of payments and national accounts statistics); (c) disaster reduction (to mitigate the effects of natural disasters by developing the necessary human resources and institutional capacity to reduce their impact).

62. Two areas of the Barbados Programme of Action have been receiving particular UNDP attention: the establishment of a collaborative network (SIDS/NET) to facilitate access by small island developing States to vital environmental information; and the implementation of a technical assistance programme (SIDS/TAP) to reduce capacity-building constraints relating to the main chapters of the Programme of Action.

B. Specialized agencies and related organizations

1. Food and Agriculture Organization of the United Nations (FAO)

63. In order to better respond to the needs of island developing countries, FAO has established subregional offices in the South Pacific (Samoa) and the Caribbean (Barbados). Furthermore, FAO is in the process of developing subregional programmes of action on sustainable development in agriculture, forestry and fisheries for these subregions. One of the main objectives of these programmes is to review ongoing relevant efforts by FAO and other development partners with a view to identifying gaps and areas of complementarity and defining areas for future involvement that avoid overlapping of initiatives and that can effectively contribute to sustainable development in the agricultural sector. Technical consultations will be held in both subregions in order to promote discussions and agreements on common needs in the areas of agriculture, forestry and fisheries.

64. The FAO Committee on Fisheries in March 1995 endorsed the creation of a Fisheries Technical Assistance Programme for small island developing States, focusing on the following priority areas, as identified by countries: institutional strengthening and capacity-building; conservation and management of fisheries in the exclusive economic zone; improved post-harvest management and marketing; safety at sea; strengthening the economic role of national fisheries industries; and aquaculture and inland fisheries conservation and management. Other activities in favour of island developing countries include, inter alia, the eradication of transboundary diseases; post-hurricane rehabilitation of agricultural infrastructure, crop and livestock in the Caribbean; harmonization of pesticide regulations in the Caribbean; training on farming systems for rural development in the Cook Islands, Fiji, Papua New Guinea, Solomon Islands, Tonga, Western Samoa and Vanuatu; and the development of subregional strategies on soil conservation and rehabilitation for insular environments.

2. International Atomic Energy Agency (IAEA)

65. IAEA, through its Marine Environment Laboratory, is intensifying its activities in small island developing States. It is involved in pilot monitoring programmes (e.g., using corals as historical recorders of micro-pollutants) as well as in capacity-building and quality assurance activities in island States of the Caribbean and East African regions. IAEA supports studies involving isotopic and nuclear techniques to study retrospective conditions (climate, sealevel, pollution) and to provide time scales for small islands evolution. In collaboration with other agencies, IAEA has been active in the International Mussel Watch project, which was set up to assess the global distribution of persistent organochlorine pollutants. In close cooperation with IMO and the United Nations Environment Programme (UNEP), a Joint Working Group on the Safe Carriage of Irradiated Nuclear Fuel by Sea has been established to consider all activities in which transport of nuclear materials falls under the responsibilities of two or more organizations. The Group recommended the adoption of a draft code of practice for the safe carriage of irradiated fuel, plutonium and high-level radioactive wastes on board ships.

66. Other activities responding to often expressed concerns of island developing countries include the development of a code of practice on the transboundary movement of radioactive waste; and ongoing work aimed at a convention on the safety of radioactive waste management.

3. International Civil Aviation Organization (ICAO)

67. In recognition of the crucial importance of adequate and efficient air services for island developing countries, ICAO has continued efforts to strengthen services and facilities in this area, with particular attention to environmental protection, safety and innovative, energy-efficient and low-cost transport solutions. ICAO has also been active in fostering cooperation at the regional level, including through encouraging the consolidation of national airline services. Within its technical cooperation activities, assistance has been provided in such areas as training in various fields of civil aviation

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(Bahamas and Maldives); preparation of master plans for the development of civil aviation facilities (Cape Verde); development of civil aviation legislation (Fiji and Haiti); aeronautical information manuals (Sao Tome and Principe); and preparation of specifications and evaluation of bids for airport development (Trinidad and Tobago). In Fiji, ICAO assisted in the preparation of a project for the upgrading of the civil aviation centre, including the introduction of the ICAO TRAINAIR concept and membership.

4. International Fund for Agricultural Development (IFAD)

68. IFAD continues to give increasing importance to the needs of developing countries, including island developing countries. It provides funding for projects and programmes specifically designed to support food production systems and to strengthen relevant policies and institutions within the framework of national priorities and strategies. The Fund gives particular attention to, inter alia, the need to increase food production in the poorest food-deficit countries; the potential for increasing food production in other developing member countries; and the importance of increasing the nutritional levels of the poorest segments of the populations of small island developing countries, many of which are low-income and have food deficits. In the period between 1978 and 1995, IFAD provided US$ 59.09 million in loans and $0.18 million in grants to finance several development projects in island developing countries. In 1994, a $3.5 million loan to Comoros helped finance a project to support economic grass-roots initiatives, and in 1995 $2.92 was loaned to Maldives to finance the development of southern atolls. Projects scheduled for approval in 1996 include two loans for rural enterprise development in Dominica and in Saint Lucia, for $2.6 million and $2.2 million, respectively.

5. International Labour Organization (ILO)

69. Technical cooperation assistance to island developing countries in 1995 amounted to about $10.5 million, representing approximately 9.8 per cent of ILO expenditure on operational activities in that year. However, well over half of this assistance went to four countries, namely, Madagascar, Indonesia, the Philippines and Sri Lanka. The share of projects in island developing countries, in terms of total new project approvals declined from 14.5 per cent in 1994 to 9.3 per cent in 1995. This decline was to a large extent, attributable to changes in United Nations funding, which are marked by a shift from project-based operations to a programme approach. Technical services provided to island developing countries include such areas as employment, human resource and enterprise development. Several island developing countries sought ILO's support in connection with the introduction of austerity measures under structural adjustment programmes. Furthermore, increased attention has been given to issues relating to industrial relations and working conditions, as well as to the implementation of Agenda 21, and the need to reinforce national capacities and the overall sustainability of programmes. The major beneficiaries of ILO assistance to island developing countries have been Cape Verde, Comoros, Fiji, Indonesia, Madagascar, Maldives, Marshall Islands, Papua New Guinea, the Philippines, Solomon Islands, Sri Lanka and Trinidad and Tobago.

Sizeable new projects were also approved in 1995 for Haiti and Sao Tome and Principe.

6. International Maritime Organization

70. IMO is currently seeking financial support for the re-establishment of a Regional Maritime Safety Adviser in the Caribbean to assist the region's island countries and territories in the establishment of maritime administrations, the development of national shipping legislation and regulations, the implementation of national safety programmes and the examination of seafarers. IMO is also continuing its activities under the Wider Caribbean Initiative for Ship-Generated Wastes, which is a $5.5 million programme initiated in 1993 to assist Caribbean island countries and Territories in ratifying and implementing the International Convention for the Prevention of Marine Pollution from Ships. Assistance has been provided to Caribbean island developing countries in the development of national and regional contingency plans for the control and combat of marine pollution from ships. In order to provide further assistance to these countries and Territories, IMO has established a Regional Marine Pollution Emergency Information and Training Centre in Curaçao, with support from the Netherlands and the United States of America.

71. In the South Pacific, through the South Pacific Regional Environment Programme, IMO has provided advisory services to the region's island developing countries for the development of a regional strategy for the protection of the marine environment. The main areas in this respect are, inter alia, marine pollution emergency responses, waste disposal at sea, port estuarine and coastal environment, collection of baseline information and identification and assessment of pollution problems, as well as legal and institutional aspects. Furthermore, a mission was sent to the South Pacific in 1995 to assess the capacities and needs of the region's maritime training institutions and to advise them on the implementation of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (1978). IMO has also carried out a series of seminars on the facilitation of maritime traffic, to assist South Pacific island developing countries to effectively implement the IMO Convention dealing with this subject (FAL 1965). The seminars focused principally on the establishment of national FAL Committees and the use of electronic data interchange to improve and standardize practices and procedures related to the entry, stay and departure of ships from the ports of the region.

7. International Monetary Fund (IMF)

72. By the end of 1995, the outstanding use of IMF resources under all facilities by island developing countries totalled SDR 1.32 billion (or US$ 1.97 billion). Moreover, a three-year arrangement was approved under the Extended Fund Facility for the Philippines for an amount of SDR 474.5 million, of which SDR 36.5 million was disbursed as of end-December 1995. Stand-by arrangements were approved for Haiti (SDR 20 million) and for Papua New Guinea (SDR 71.48 million). By end-December 1995, disbursements under these arrangements amounted, respectively, to SDR 16.4 million and SDR 33.34 million.

73. IMF has also provided technical assistance to several island developing countries. Of particular interest is the establishment, in 1993, of the Pacific Financial Technical Assistance Centre in Fiji, in a joint project with UNDP and the Asian Development Bank. The Centre has three technical experts from the Fund to provide technical assistance for several island developing countries in the region in areas such as tax administration, budget planning, banking supervision and national accounts.

8. International Telecommunication Union (ITU)

74. In 1995, ITU initiated, jointly with the United Nations Educational, Scientific and Cultural Organization (UNESCO), a pilot project on access to telematics facilities in the Caribbean region. This project, which is considered to be a test bed for the future SIDSNET, was also supported by several other international organizations. In the preparation for this pilot project, contacts and needs assessment studies were carried out in many Caribbean island developing countries, including Barbados, Saint Lucia and Saint Vincent and the Grenadines. In addition, a mission representing UNESCO and the International Council for Scientific and Technical Information, in collaboration with ITU, was fielded in February 1995 to assess recent developments and the commitment of concerned national and regional organizations and to finalize plans for the pilot project. The mission's findings indicated an increased awareness about telematics, in particular the Internet, in the region. Other ITU activities in favour of island developing countries include cooperation with the South Pacific Forum to provide workshops and seminars for the region's island developing countries, collaboration with the Caribbean News Agency (CANA), UNDP and UNESCO in the establishment of a regional satellite news network, and assistance in disaster communication issues. Furthermore, ITU is preparing to undertake pilot studies on rural telecommunications in several Caribbean countries.

9. Universal Postal Union (UPU)

75. Within its limited resources, UPU has provided assistance to several island developing countries in such areas as sectoral and programmatic support; restructuring of postal services; postal legislation; training; review of operational procedures; and provision of informatic and postal equipment. Furthermore, a regional adviser has been placed in Saint Lucia to provide technical assistance to Caribbean developing countries.

10. World Tourism Organization (WTO)

76. The World Tourism Organization envisages the organization, towards the end of 1996, of an expert group meeting on tourism development in small islands. It is expected that the recommendations from the meeting will take into account not only the main Agenda 21 principles, but factors that are specific to tourism in small islands.

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11. World Trade Organization (WTO)

77. The Uruguay Round agreements do not make a distinction between "island developing countries" and "developing countries". However, some developed members of WTO have recently made provisions for WTO assistance to island developing countries with a view to assisting them in taking advantage of the opportunities presented by the Uruguay Round. New Zealand, for example, donated an amount of NZ$ 200,000 to WTO, to be spent equally over a period of two years, to assist Pacific island developing countries which are members of WTO in complying with their notifications and other obligations under the WTO Agreement. These funds are also to be used to assist other Pacific island developing countries in the process of acceding to WTO. A Norwegian trust fund was also set up, within WTO, to provide targeted technical assistance to developing countries, especially the least developed ones, in order to facilitate their integration in the multilateral trading system. The European Union has provided financing for eight regional seminars to explain to developing countries the results of the Uruguay Round and the opportunities and benefits that those countries could derive from it. Several island developing countries will benefit from these seminars.

78. Overall, island developing countries should benefit from the substantial tariff cuts that were made on products of export interest to them. In due course, they should benefit from the elimination of restraints on exports of textiles and clothing imposed under the Multi-Fibre Arrangement and from the commitments made in agriculture, such as the reduction of trade-distorting measures of domestic support, and the capping and reduction of export subsidies. Furthermore, two WTO bodies, the Committee on Trade and Development and its Subcommittee on the Least Developed Countries, are in the process of formulating policies that could be adopted to enhance the participation of developing countries, particularly the least developed countries, in the multilateral trading system.

V. INFORMATION RECEIVED FROM INTERGOVERNMENTAL ORGANIZATIONS

A. Commonwealth Secretariat

79. In the area of trade, the Commonwealth Secretariat has given high priority to assisting member Governments in assessing the implications for their economies of the Uruguay Round agreements and other changes in the international trading system. Activities in this area include, *inter alia*, the organization of a workshop on the above issues, in collaboration with CARICOM, and the undertaking of several studies. In the area of financing, advice and other assistance is being provided on economic policies and debt management. A major initiative has been the Commonwealth Private Investment Initiative to assist member countries, including island developing countries, in accessing private sources of finance and channelling long-term commercial investment to small and medium-sized enterprises in these countries. In the area of the environment, a pan-Commonwealth workshop was organized in Malta with the participation of senior policy makers of several island developing countries. Other activities in favour of island developing countries include assistance in the management of water resources and coastal zones, in the identification of biological resources

and in training in the mitigation of the adverse effects of natural disasters. Human resources development has also received special attention and, in this context, support has been provided for faculty development and the establishment of specialized regional programmes for management skills at the University of the West Indies, the University of the South Pacific and other regional management development institutions.

B. Group of Latin American and Caribbean Sugar-Exporting Countries (GEPLACEA)

80. Island developing countries that are members of GEPLACEA benefit from technical assistance for the improvement of the sugar agribusiness and the development of derived products and by-products. The Group also assists member countries in developing policies related to sugar and in enhancing capacities in the areas of international marketing of sugar and international sugar agreements. In the field of training, a seminar on the international marketing of sugar in the New York exchange market is foreseen for September 1996 and, in collaboration with UNCTAD, a Trainfortrade seminar is being prepared for the upgrading of skills in the area of sugar marketing.

C. Islamic Development Bank

81. In 1995, the Islamic Development Bank approved financing for one project in the Comoros, on rehabilitation and strengthening of the system of supply of gases, for an amount of $861,000, and two projects in Maldives: a regional secondary school ($2.323 million) and four regional hospitals ($3.585 million). Both the Comoros and Maldives are least developed countries and members of the Bank. The projects were financed under a programme entitled "Special Account of the Least Developed Member Countries", which offers highly concessionary loans, with terms varying between 25 and 30 years, including a 10-year grace period, and a service fee of 0.75 per cent per annum.

Notes

1/ Report of the Global Conference on the Sustainable Development of Small Island Developing States, Bridgetown, 25 April-6 May 1994 (United Nations publication, Sales No. E.94.I.18 and corrigenda), chap. I, resolution 1, annex II.

2/ UNCTAD/LLDC/IDC/2.

3/ UNCTAD/LLDC/IDC/Misc.1.

4/ UNCTAD/LLDC/IDC/Misc.2.

5/ E/CN.17/1996/20/Add.4.

6/ "Preliminary study on the construction of an index for ranking countries according to their economic vulnerability".

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OPERATIONAL ACTIVITIES FOR DEVELOPMENT

Progress at Mid-Decade on Implementation of General Assembly resolution 45/217 on the World Summit for Children

Report of the Secretary-General

SUMMARY

This year is a milestone in the decade-long process of meeting the commitments and promise made at the World Summit for Children. It is marked by the General Assembly's call for a review of progress through mid-decade since the World Summit for a more complete assessment of achievement of the end-decade and mid-decade goals.

In February 1996, all heads of State or Government were requested to extend full support and leadership for carrying out the national mid-decade reviews and preparation of this report. All heads of United Nations agencies were also called upon to provide coordinated support to programme countries for their national review. Results of their reviews, including from industrialized countries, are reflected in the present report.

As called for in the World Summit Declaration and Plan of Action, the analysis of trends and progress of goals for children and other major post-Summit developments are presented from a regional perspective, including that of the industrialized countries. The response of the United Nations system is highlighted, as requested in the resolution.

The report also presents a goal-by-goal review of progress at mid-decade and concludes with lessons learned and challenges ahead for achievement of goals for children by the year 2000.

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* A/51/150.

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I. INTRODUCTION

1. The World Summit for Children (WSC), which was held at United Nations Headquarters in New York on 29-30 September 1990, took place within a month of the passage into international law of the Convention on the Rights of the Child and represented a historic landmark in the international rise of the children's cause. Attended by 71 heads of State or Government and 88 ministerial delegates, the Summit adopted a World Declaration on the Survival, Protection and Development of Children and a Plan of Action for its implementation (A/45/625). The Plan of Action identified seven major goals relating to the survival, health, nutrition, education and protection of children for fulfilment by the year 2000, and a further 20 supporting goals (for a full list of the goals see annex I). The General Assembly in its resolution 45/217 of 21 December 1990 urged all States and other members of the international community to work towards the achievement of these goals.

2. Paragraph 35 (iv) of the World Summit Plan of Action requested the Secretary-General to arrange for a mid-decade review, at all appropriate levels, of the progress made towards fulfilment of the Declaration and Plan of Action. Accordingly, at the time of reporting to the forty-ninth session of the General Assembly on follow-up to the Summit, it was agreed that the Summit's sixth anniversary, 30 September 1996, would be an appropriate time to report on the implementation progress at mid-decade. In February of this year the Secretary-General invited all heads of Government to give their personal support to a national mid-decade review; the same request was made to heads of United Nations agencies. The present report is, therefore, the product of many initiatives and contributions by Governments and mechanisms of the international community, some of which are still ongoing.

A. Significance of the World Summit for Children

3. The World Summit for Children was the first in a series of global conferences held under United Nations auspices during the 1990s. These conferences have made separate but interrelated contributions to the cause of human development worldwide. The World Summit for Children therefore not only elevated children to a new prominence on the international agenda, but provided a launching pad for a regeneration of the international movement against poverty in all its social and economic dimensions. In this, the Summit and its follow-up were aided by the extraordinary media attention given to issues affecting children.

4. The Summit presented the United Nations system with its first opportunity for a coordinated response to a major international conference making use of specific, measurable and time-bound goals. These goals were the product of a consultative process whose outcome had earlier been endorsed by the Executive Board of the United Nations Children's Fund (UNICEF) as a series of development goals and strategies for children in the 1990s; their overarching purpose was the reduction of infant and young child mortality, both as an end in itself and as a central indicator of well-being in society as a whole.

5. The commitment to goals of a large number of heads of State and Government, at the Summit itself and subsequently by additional endorsements, provided important political credibility and commitment. The strategy of setting time-bound goals, obtaining endorsement at the highest political level and offering technical and other forms of assistance for their implementation has since become part of the United Nations repertory for international mobilization around human development issues.

6. A speedy and effective response to the Summit Declaration and Plan of Action by the entire international community was facilitated by the joint ownership of the Summit agenda, for much of the thinking behind the goals and their specific formulation, had originated in resolutions already endorsed by the World Health Assembly, the World Conference on Education for All, the UNICEF Executive Board, and in earlier policy statements of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees (UNHCR), the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO) and the World Bank. International non-governmental organizations (NGOs) also provided inputs to the draft Declaration and Plan of Action.

7. Ultimately, the test of all international declarations and plans is the degree to which they are implemented by national Governments and all sections of society. During the period following the Summit, an unprecedented drive took place to translate the "promises for children" made at the international level into national programmes of action (NPAs). More than 150 nations, with 85 per cent of the world's children, have subsequently drawn up NPAs. In 70 countries, including many of those with a federal structure, a similar exercise has been conducted at sub-national levels and programmes of action have been drawn up by states, provinces, districts and municipalities. This "NPA process" has been unique in the history of United Nations action for development and represents an evolving modality for relationships between international decision-making and national action.

8. At the same time, Summit follow-up momentum was assisted by the reaffirmation of the goals in the declarations and plans of action of subsequent major international conferences, notably the 1992 United Nations Conference on Environment and Development, the 1992 International Conference on Nutrition, the 1993 World Conference on Human Rights, the 1994 International Conference on Population and Development, the 1995 World Summit for Social Development, the 1995 Fourth World Conference on Women and the second United Nations Conference on Human Settlements (Habitat II) in 1996. The decisions of the 1990 World Summit for Children can therefore be seen as stepping-stones for the subsequent expansion of the human development, environmental and human rights agenda in these subsequent, and in many cases much larger, forums.

9. In September 1993, on the third anniversary of the World Summit for Children a round-table meeting was held in New York at which Governments recommitted themselves to the year 2000 goals for children and adopted a set of intermediate goals to be achieved by the end of 1995. The elaboration of the mid-decade goals was intended to sustain the momentum of the post-Summit process on behalf of children. Like their predecessors, these mid-decade goals also

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emerged from a series of international meetings: the 1992 International Conference on Assistance to African Children organized by the Organization of African Unity (OAU) in Dakar; the Second Conference on Children of the South Asian Association for Regional Cooperation (SAARC), held at Colombo in 1992; and the League of Arab States meeting in Tunisia, also in 1992; the 1993 East Asia and Pacific Ministerial Consultation in Manila; and the 1993 session of the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy (JCHP). The 1993 World Conference on Human Rights in Vienna, endorsed the year 1995 as a target date for all countries to complete ratification of the Convention on the Rights of the Child. In April 1994, the Ibero-American Summit endorsed a set of mid-decade goals for Latin American and Caribbean countries under the Narino Accord.

B. Trends at mid-decade

10. The mid-term review has consolidated the mid-decade and end-decade goals into a total of 17 goals for which some quantitative data are available in order to measure progress towards their fulfilment. A full account of achievements, goal-by-goal and from a regional perspective, is given in section III of the present report. Section II provides an account of the many different activities which have contributed to the process of World Summit for Children follow-up.

11. Although data from the mid-decade reviews are still in the process of compilation and interpretation, preliminary information suggests an encouraging trend towards the achievement of the majority of the goals for children in most countries. There is of course considerable variation across countries and regions. At the same time, it is acknowledged that in relation to some goals there has not been significant progress. In certain cases this is because the establishment of the original goal was based on inadequate information about the prevalence of a problem; in other cases, developing effective strategies for response required a longer time-frame. In yet other cases the record has varied widely between and within countries and regions. The challenge for the rest of the decade will be to improve this record.

12. The area in which most progress has been made is control of preventable diseases, specifically the promotion of services such as immunization, control of iodine deficiency disorders, the eradication of polio and guinea worm disease and protection of breastfeeding. There has been marked progress in creating an environment for the protection of childhood by the near universal ratification of the Convention on the Rights of the Child. Access to safe water has improved considerably. In the context of education, evidence suggests that there have been some advances but at a slower rate than desirable. The weakest areas have been reductions in protein-calorie malnutrition, maternal mortality, adult illiteracy and spread of sanitation services. Obviously, more needs to be done in pursuit of the overarching goal: major reduction in under-five mortality.

13. Given the obstacles to human development faced in many parts of the world, the effort made by many developing countries to make measurable progress towards the fulfilment of the goals for children is truly striking. It is certain that the impetus of the World Summit for Children and the subsequent NPA process made an important contribution to the achievements, as well as the heightened concern

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for children's issues to which the Summit contributed and which is reflected in the continuing attention given by the media around the world to child-related subjects.

14. Some key components of the World Summit Declaration and Plan of Action and its follow-up were not expressed as goals but were cross-cutting concerns. One of the important commitments was the need to reduce gender disparities, enhance the status of women and provide girls with the same treatment, access to services and opportunities as boys from the very beginning of life. Emphasis was also given to the need to support families, given their primary role in relation to children's nurture and protection; to the problems faced by children in especially difficult circumstances, such as economic exploitation and armed conflict; to the need to preserve the environment and manage it judiciously to protect children's social and economic future; and to the need to revitalize economic growth. All these have been built upon by subsequent international conferences.

15. An important outcome of the establishment of the goals for children was the recognition that many countries' data collection systems did not permit adequate tracking of child survival, development and protection trends. Data collection analysis and use have been a major area of capacity-building and the availability and reliability of social statistics have improved considerably since 1990.

16. As is clearly demonstrated in the present report, the five-year period from 1990 to 1995 was an unprecedented period of social mobilization, advocacy and fundamental progress towards the achievement of the goals for children throughout the world, with heartening implications for human development. This stock-taking exercise at the mid-decade point provides cause for celebration; but it also highlights those areas in which adjustments and refinements of policies, strategies, action plans and even of the goals themselves is now indicated. This ongoing process of reflection and reconsideration is part of the follow-up activities stemming from the continuum of recent United Nations conferences.

II. THE WORLD SUMMIT FOR CHILDREN FOLLOW-UP PROCESS

A. The World Summit for Children and the Convention on the Rights of the Child

17. The Convention on the Rights of the Child was adopted by the General Assembly on 20 November 1989 and came into force as a legally binding international treaty on 2 September 1990. It has subsequently become the most rapidly accepted human rights treaty in history, having been ratified by 187 States as of 1 July 1996. Of the six countries yet to ratify, Switzerland and the United States of America are signatories to the Convention, signifying their intention to ratify.

18. The establishment of the universal ratification of the Convention as a mid-decade goal had the effect of linking activities directed at the achievement of goals through national programmes of action with the underpinning legal

framework provided by the Convention. In many countries, the process of ratifying the Convention was supported by the combined efforts of NGOs, governmental bodies - including national commissions for children - and affiliates and local offices of member bodies of the United Nations - notably UNICEF country offices and National Committees. The universal support generated by the cause of children and the strong media attention it attracts, as well as the holistic nature of a Convention integrating social, economic, political and civil rights have greatly contributed to the extraordinary pace of ratification of the Convention.

19. Equally, the agenda for children was considerably strengthened by States parties' self-imposed legal commitment to the rights and obligations enshrined in the Convention. As a timeless international treaty, the Convention legitimized the goals; meanwhile those countries endeavouring to achieve the goals were simultaneously endeavouring to honour the rights designated in the Convention. Many countries' NPAs reflect a growing understanding of these linkages.

20. The accountability of programme activities under the NPAs has also been linked to the Convention monitoring process. In accordance with article 44 of the Convention, a Committee on the Rights of the Child was established in 1991 to monitor countries' implementation processes. More than 50 countries have already reported to the Committee on the measures they have taken to give concrete expression to their treaty obligations. The Committee has made a point of reviewing NPAs with a view to reinforcing the linkage between the achievement of the goals for children and the implementation of children's rights. The recommendations of the Committee on States party reports have been a frequent subject of media attention, which has helped to keep Governments and international organizations under scrutiny with regard to the fulfilment of the promises made to children at the Summit.

21. Since it provides an overarching framework for the protection of childhood, the Convention on the Rights of the Child not only reinforces and underpins measures in health, nutrition and education to advance the goals for children, but expresses the expectation that States parties will put in place a supportive legislative framework. At least 15 countries have now incorporated the principles of the Convention into their national constitutions, while more than 35 have either passed new laws or amended existing ones to bring domestic legislation into line with the standards set forth in the Convention. These measures, coupled with the widespread public awareness of the Convention, have kept the needs of children firmly in the forefront of public policy and have thereby promoted, directly and indirectly, activities leading to the fulfilment of the goals.

B. Preparation and implementation of national programmes of action

22. The World Summit for Children Plan of Action recognized that the goals for children would need to be adapted to the realities of each country in terms of phasing, priorities, standards and availability of resources; it similarly recognized that strategies for achieving the goals might vary from country to

country. In order to facilitate the process of adapting the goals to suit national conditions and of developing implementation strategies, paragraph 34 (i) of the Plan of Action urged Governments to prepare national programmes of action.

23. By March 1996, 155 out of 193 countries had prepared an NPA, either in final form or in draft. Except for some small island developing States, most of the countries that have not reported any action are those affected by war, disaster or other extreme difficulties. Many countries in Central and Eastern Europe and the Commonwealth of Independent States (CIS) were not represented separately at the World Summit for Children. Nevertheless, 25 subsequently signed the Summit Declaration and 15 have begun to prepare or have completed NPAs. Among the 30 industrialized countries, 18 have finalized or prepared NPAs.

24. Many States established or strengthened an existing council or commission to develop the NPA and see to its implementation, in some instances with the head of State or Government as chairperson. Other States assigned the task to an inter-ministerial committee or a line ministry such as planning, health or social welfare. Academic institutions, religious and civic groups and NGOs have been involved in special coordinating mechanisms in many countries. United Nations agencies have also participated in the NPA process.

25. NPAs were formulated at a time when many countries were undertaking administrative reforms favouring decentralized governance. This helped to promote the decentralization of NPAs. Sub-national programmes of action at the state, provincial, district or municipal level exist in 65 countries, representing all regions. For example, every province in China has signed a contract with the National Coordinating Committee for Children and Women to prepare a programme of action; in India, eight states have completed plans of action and a further seven have plans in draft form. In Latin America, 16 out of 24 countries are decentralizing the NPA process, and in the two largest countries of the region - Brazil and Mexico - all states are involved. A number of countries in sub-Saharan Africa including South Africa and Ghana have produced sub-national plans. Moves towards decentralization are under way in some countries of the Middle Eastern region, including Egypt and the Sudan. In the Central and Eastern Europe (CEE)/CIS and Baltic region, Croatia and the Russian Federation have begun to prepare sub-national programmes.

26. A process of adaptation of the goals to national conditions has occurred in many countries. Greater reductions than those proposed globally for the infant and under-five mortality rates have been programmed in Argentina, Brazil, Costa Rica and Tunisia, for example. Higher goals for basic education have been targeted in Ecuador, the Republic of Korea, Maldives, Mexico, Uruguay and Zimbabwe. Some low-income countries such as Sri Lanka and Bangladesh have set higher goals for some sectors while others have added goals not included in the Summit Plan of Action; some countries have set less ambitious goals. Further adaptations and prioritizations of goals are expected following the national mid-decade reviews of progress.

27. In the majority of developing countries, the goals and strategies of the NPAs are being incorporated into national development plans and have formed the

basis for joint United Nations responses through country strategy notes and have been taken particularly into account by UNICEF country programmes of cooperation.

28. About two thirds of the developing countries' NPAs include an estimate of the resource implications of achieving the goals. However, cost analysis of the goals has had a limited impact on the national resource allocation and budgetary processes in most countries.

29. NPAs have been a critical component of the goal-oriented approach pioneered at the global level by the World Summit for Children. Although the quality and effectiveness of these programmes of action vary between and within countries, the NPA process has been a unique experience from which much can be learned and on which much can be built in the future. Preparation of NPAs provided opportunities for many capacity-building activities and mobilization exercises, some of which have had valuable spin-offs for social and economic development in general, independently of their immediate contribution to the achievement of the Summit agenda.

C. Response of the United Nations system

30. Paragraph 35 (iii) of the WSC Plan of Action requested the cooperation and collaboration of all relevant United Nations organizations in ensuring the achievement of its goals and objectives. UNICEF, as the United Nations body with a mandate for children, became deeply involved in the follow-up process at both the country and the international level. In its decision 1991/10, the UNICEF Executive Board requested its Executive Director "to ensure that UNICEF, working under the leadership of the Secretary-General and ... in cooperation with other relevant United Nations agencies, as an integrated part of its regular activities, provides full support to developing countries ... for the achievement of objectives contained in the Declaration and Plan of Action".

31. While United Nations organizations have generally collaborated in implementing the Summit Plan of Action, the level of participation by the system has varied from country to country and from organization to organization. In some instances, there has been a tendency both from organizations and member Governments to treat the Summit goals as a UNICEF concern. Now, however, with the adoption of Summit goals by subsequent international conferences, as well as the recognition of poverty eradication and investment in people as key strategies for human development by the United Nations as a whole, ownership of the goals for children has become more widespread.

32. WHO has played a key role in developing the health-related goals and in providing support to countries to achieve the goals. Inter-agency collaboration took place primarily through the WHO/UNICEF Joint Committee on Health Policy. The forty-sixth World Health Assembly in May 1993 invited WHO member States to give the necessary political and economic priority to implement the commitments set out in the Summit Plan of Action and requested the Director-General of WHO to take action in this context. A special session of JCHP was convened in May 1996 to review progress towards the achievement of all health-related goals. This review concluded that the articulation of the goals had been helpful in

stimulating worldwide efforts on behalf of children's health and well-being, and that this in itself had been a major accomplishment. The goal-by-goal review in section III was extensively informed by the JCHP deliberations.

33. Many provisions of the World Summit Plan of Action are of direct relevance to the United Nations Population Fund and its focus on reproductive health, including family planning. The United Nations organizations involved in the field of child health and reproductive health - UNFPA, WHO, UNICEF and UNDP - agreed on common goals reflecting the Summit objectives and issued joint guidelines to field offices for enhancing their collaboration. The World Bank, whose 1993 World Development Report was devoted to health and health sector reform, has also lent its support to a range of measures congruent with Summit goals. There are other indications of converging agendas; for example, the World Bank now regards the under-five mortality rate and the maternal mortality rate as "priority poverty indicators".

34. Collaboration on follow-up activities in the education sector was conducted by UNESCO and UNICEF through the mechanism of the Joint Committee on Education and in conjunction with follow-up activities of the 1990 Conference on Education for All, held at Jomtien, Thailand. In 1993, an Education Summit took place in New Delhi with backing from UNESCO, UNICEF and UNDP at which the nine most populous countries in the developing world - Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Nigeria and Pakistan - recommitted themselves to the cause of universal basic education. UNESCO and UNICEF also collaborated on innovative approaches to basic education through the joint project on "Education for All: Making it Work". This is an illustration of joint action designed to accelerate progress towards education for all, which has been subject to an extensive review process during 1995-1996 as a part of post-Jomtien follow-up, both at the regional level and globally at a consultation in Amman.

35. Member bodies of the United Nations which provide assistance for children affected by emergencies, notably UNHCR and the World Food Programme (WFP), have been mindful of the goals for children in the context of their own programmes. Between half and two thirds of their target beneficiaries are women and children. Feeding programmes supported by WFP have emphasized nutritional care of small children and pregnant and nursing mothers, including support to breastfeeding. WFP has also promoted basic education and literacy through its in-school feeding programmes. UNHCR guidelines on refugee children, dating back to 1988, were revised in the light of the World Summit for Children and heightened inter-agency collaboration has been engendered.

36. The Administrator of UNDP encouraged UNDP resident representatives to attach importance to the goals for children as part of their "responsibilities and efforts to promote sustainable human development" during the course of preparatory activity for the 1995 World Summit for Social Development. Since 1990, the annual UNDP Human Development Reports have projected a vision of development and strategies for its achievement consistent with the agenda exemplified by the World Summit for Children Plan of Action and goals. This is a further illustration of the shared vision of human progress around which the entire United Nations system has been endeavouring to coalesce.

37. In October 1995, the Administrative Committee on Coordination recognized that the recent series of United Nations conferences, including the World Summit for Children, formed a continuum. At the same time, the Committee recognized the need for agency focal points to monitor overall action on each conference and its programme of action, and the need for the relevant organizations and their country offices to continue their established roles with regard to the implementation of conference recommendations or follow-up NPAs. In this regard, the Committee recognized the focal point role of UNICEF with respect to the World Summit for Children and its follow-up. The Committee's policy on follow-up to all recent international conferences is guided by an emphasis on the country level with support for country-driven and country-owned plans of action, supported by the coordinated actions of relevant United Nations bodies.

38. An important step in the follow-up to the Summit for Children was the development of measures for monitoring progress towards the achievement of goals. UNICEF, WHO, UNESCO and others worked closely together to agree on a basic set of indicators to recommend to countries for monitoring progress. WHO and UNICEF agreed on a core set of indicators for all of the health and nutrition goals; UNICEF and the International Fund for Agricultural Development (IFAD) have jointly conducted a technical review of indicators for household food security; UNESCO and UNICEF have developed and implemented measures of learning achievement; the UNICEF/WHO Joint Water and Sanitation Monitoring System established baselines for measuring water and sanitation goals; finally, UNDP and UNICEF collaborated in the evaluation of aid flows taking place within the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD).

39. UNDP, UNICEF, UNFPA, UNESCO and WHO have also been contributing to the mobilization of resources for the attainment of human development goals through the development of the 20/20 Initiative. The Initiative proposes that developing countries increase their budget allocations to basic social services to the level of at least 20 per cent of total government expenditures, and that donor Governments allocate at least 20 per cent of their Official Development Assistance (ODA) to basic social services, including contributions to multilateral organizations and NGOs. Through the Resident Coordinator system, the United Nations responds to requests by Governments for support in the implementation of the 20/20 Initiative at the country level.

D. The contributions of non-governmental organizations

40. The extraordinary level of social mobilization, advocacy and concrete action on behalf of children precipitated both by the passage of the Convention on the Rights of the Child and the World Summit for Children would not have gathered such momentum or achieved such results were it not for the contribution of non-governmental organizations. The goals for children helped create an international agenda for children around which child-related NGOs throughout the world have rallied. The goals were welcomed because they derived from a global analysis of children's problems and at the same time pointed the way to specific projects and affordable interventions which they could undertake.

41. National, local and international NGOs have been involved in the planning and implementation of NPAs in over 90 countries. In many countries, NGOs are permanent members of the committees responsible for the preparation and implementation of NPAs. This has helped to strengthen their links with appropriate government officials and institutions. The goals have thus enabled government departments and NGOs to focus their efforts on common objectives. Fulfilment of the agenda has also given impetus to greater cooperation within the NGO community and underscored the need for institutional development of those NGOs active in child-related areas.

42. In those countries where NPA decentralization has taken place, this has permitted the involvement of local and community-based NGOs. As a result, they have been instrumental in the delivery of services, building of awareness and mobilization of local populations. The achievement of the goals not only requires that services be established, it also requires that behaviour be modified. Providing a service will have little impact on child or maternal well-being unless that service is used, and used effectively. For this reason the role of religious groups, women's groups, youth organizations, parent-teacher associations and other groups which are integral to community fabric is the key to sustainable progress at the grass-roots level.

43. NGOs have played a vital part in advocacy for achieving the goals for children, helping to raise awareness with the public and political leadership through media exposure. In many countries, especially in the developing world, the NGOs have assumed a role of special responsibility vis-à-vis the goals and have become advocates and champions of the children's cause. In addition, they have organized events, conferences and workshops to educate their own community on the goals of the World Summit for Children and the Convention on the Rights of the Child. For example, 5,000 scouts, representing over 1 million members in the SAARC region, promised to disseminate information on oral rehydration therapy (ORT) at the World Organization of the Scout Movement Jamboree in 1994. More than 100 leaders of eight religions and indigenous traditions from 14 countries of Asia and the Pacific issued a statement in 1993 urging spiritual and religious institutions to work towards the goals of the World Summit for Children and the ratification of the Convention on the Rights of the Child.

44. Four major international NGOs - International Save the Children Alliance, World Vision International, Plan International and Christian Children's Fund - have launched a Joint Initiative to Promote Girls' Education. The Initiative has been launched in six countries - Bangladesh, Bolivia, India, Malawi, Philippines and Senegal - and possibilities for future collaboration with intergovernmental partners including UNICEF and the World Bank are under discussion.

45. Some international NGOs have pursued individual goals with supreme dedication, taking the lead for resource mobilization and advocacy. Since 1987, Rotary International has given outstanding support to the eradication of polio through its five-year PolioPlus campaign. Helen Keller International has played a key role in efforts to eliminate vitamin A deficiency (a major cause of preventable blindness) through distribution of vitamin A capsules and technical assistance to NGOs and ministries of health. Since 1994, the World Organization of the Scout Movement has been helping to promote universal use of ORT in

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treating diarrhoeal dehydration. Kiwanis International has launched a "worldwide service project" to help eliminate iodine deficiency disorders (IDD); contributions have been raised for IDD programmes in 11 countries. The Global 2000 programme of the Carter Center has played a leading role with UNICEF and WHO in the eradication of guinea worm disease.

46. Finally, the contribution of NGOs to the near universal ratification of the Convention on the Rights of the Child and to its implementation has been immense. The widespread public awareness of children's rights is mainly the result of the efforts of many international and national NGOs. At the international level, the International Save the Children Alliance and the National Committees for UNICEF have been particularly active. The NGO Group for the Convention on the Rights of the Child (an alliance of 37 international NGOs) continues to provide national NGOs and regional NGO networks with information on States party reports to the Committee on the Rights of the Child and on "alternative" reports prepared by NGO consortia. The NGO Group monitors Convention implementation progress, follows the work of the Committee and provides it with information upon request.

E. Sustaining the progress

47. In order both to reach the goals for children and to sustain the gains in child well-being, a considerable effort of capacity-building was required at different levels and by many institutions of society. Technical and material assistance in identifying capacity-building needs and fulfilling them has been provided to countries by many members of the international community. At the national level, capacity-building for service delivery was one very important priority. During the late 1980s, at the time of the worldwide push for "Universal Childhood Immunization by 1990", a number of countries considerably enhanced their primary health care and maternal and child health delivery networks so as to expand coverage and bring the poorest and most remote communities and families within their reach.

48. One of the most important areas requiring capacity development was the regular reporting of social data, including the development of data collection systems and survey techniques suited to monitor trends. At the time of the World Summit for Children it was clear that in the case of many goals in many countries the means of tracking improvements in child well-being at suitable intervals were inadequate, and in some cases non-existent. In recognition of these deficiencies, paragraph 35 (iv) of the World Summit for Children Plan of Action requested assistance of the United Nations "to institute appropriate mechanisms for monitoring the implementation of this Plan of Action, using existing expertise of the relevant United Nations statistical offices, the specialized agencies, UNICEF and other United Nations organs". At a very early stage in Summit follow-up, attention was given to the development of such mechanisms, as described in paragraph 38 above.

49. The basic sets of indicators recommended to countries by UNICEF, WHO and UNESCO for the purpose of monitoring progress towards Summit goals were developed with a view to transparency, manageability and ease of comprehension for policy makers, programme managers and the general public. Many developing

countries also set out to improve their underlying data collection systems so that reliable baseline information on mortality, morbidity, caseloads of specific diseases, nutrition status, school enrolment and other core phenomena became available to planners and programmers.

50. An important challenge was to develop tools for the measurement of social indicators related to the goals for children that were quick, credible and cost-effective. Censuses usually take place only every 10 years, and similar delays may ensue from the application of standard social survey methodology.

51. As a major capacity-building exercise in data collection, analysis and use, the multiple-indicator cluster survey (MICS) household survey was developed for country use by UNICEF, other United Nations agencies and academic institutions. The methodology balances the speed and simplicity of cluster surveys with the reliability and breadth of traditional household surveys. The methodology is swift and highly flexible; its "modules" can be added to an existing national household survey. It is also highly affordable: based on reports of 77 countries, the average cost of MICS and related monitoring efforts ranged between US$ 50,000 and US$ 75,000, a relatively low sum compared with typical socio-economic household surveys of a similar size. By January 1996, 91 countries had either completed a MICS survey as part of the mid-decade review process or were committed to doing so. Among 105 developing countries for which mid-decade reports are available, 82 have either used the MICS methodology for a special survey or have incorporated MICS modules into other national surveys. The surveys have been designed to be used as an integral component of policy development and review. Their use has helped to foster intersectoral collaboration, provides the baseline for gender and age disaggregated data and has been an independently valuable contribution to the goals-for-children agenda.

52. Since 1992, UNICEF has prepared and widely disseminated an annual report entitled The Progress of Nations, in which progress by countries, or lack of it, towards achievement of the goals is presented according to regional league tables. The presentation of data in this form has provided the opportunity for countries to assess their comparative progress within the region, and also to stimulate public dialogue for action.

53. As far as sectoral goals are concerned, considerable effort was invested in improving capacity within service delivery systems. In the context of health care, a programme approach known as the Bamako Initiative, launched in 1987 by African health ministers, was widely deployed, especially in West Africa. The Initiative was designed to revive health-care systems which had become inert owing to staffing, infrastructural and medical supply problems; its emphasis was on local management of health centres and provision of essential drugs. Programmes based on the Bamako Initiative are currently under way in 41 countries: 28 in sub-Saharan Africa, 5 in Asia and the Middle East, 2 in the CEE/CIS and Baltic region and 6 in Latin America and the Caribbean. In a number of countries, community-managed health services have been able to generate sufficient resources to cover the cost of treatments, basic drugs and recurrent expenditures.

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54. In the context of reducing children's susceptibility to micronutrient deficiencies, capacity-building endeavours have included the development of partnerships with private industry. One trend-setting example is the fortification of food products with vitamin A. The other outstanding effort concerns the iodization of salt to prevent IDDs. Although salt production is often a non-mechanized cottage industry in developing countries and it is therefore difficult to intervene in the manufacturing process, great ingenuity has been used to bring all kinds of producers into the scope of national salt iodization plans. Almost all of the 94 countries with IDD problems have now developed plans for the mass iodization of salt based on public/private partnership; since these take cost and outreach issues into account, they meet the need for sustainability.

55. In the water supply and sanitation sector, there has been considerable progress towards developing low-cost technological and managerial systems based on community participation to contribute to the achievement of the end-of-decade goals, but less success in bringing about the redistribution of investment in this direction.

56. Capacity-building in the context of education means far more than the provision of school places for out-of-school children. Investments in human resources will be of critical importance for the expansion of the teaching cadre. Upgrading of teaching skills to enliven classrooms and inspire students; activities to strengthen ties between schools and community organizations; scholarship programmes for increasing school attendance; multi-grade teaching for remote, sparsely populated areas; and an expansion in pre-school provision are also needed.

57. The last five years has seen many initiatives to decentralize the planning and delivery of basic services for children and women. The forms of decentralization are varied but the thrust is similar: to help local governments to play more relevant service management roles and to promote public accountability, including a sense of community ownership. However, there are major issues with which to contend before the full potential of decentralization is felt, in particular the balance between authority at the centre and periphery, the transfer from the centre of technical and organizational competence and the allocation of additional resources to local governments to carry out new service functions. Further development of partnerships between local governments and communities - including NGOs and community-based organizations - will have a profound effect on both the achievement of the goals for children and their sustainability.

F. Mobilization of resources

58. Paragraph 34 (iii) of the World Summit for Children Plan of Action called upon each country "to re-examine [...] its current national budget, and in the case of donor countries, their development assistance budgets, to ensure that programmes aimed at the achievement of the goals for the survival, protection and development of children will have a priority when resources are allocated". It further added that every effort should be made "to ensure that such programmes are protected in times of economic austerity". Expanded access to

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basic social services will require additional financial resources, as well as efficiency savings.

59. The mobilization of the necessary resources for achieving the goals has been a constant concern since the World Summit for Children. Initial estimates of additional resources suggested that an additional US$ 20 billion per year over the course of the decade would be needed to meet the goals. Several countries' NPAs have attempted to quantify the national financing gap to meet the Summit goals. In Ecuador, for example, the NPA included a "non-renounceable" goal of restoring by mid-decade the 9.4 per cent share of public expenditure for the social sectors that prevailed in 1980. Egypt"s NPA recommended that 7.5 per cent of the budget be applied to basic social sectors in the 1992-1997 development plan. Senegal plans to increase the share of its health budget from 5 per cent to 9 per cent by 2000. However, costing the goals has not been applied to all NPAs. Even where it has, experience shows that its influence on the annual budgetary process has been limited owing to tight fiscal position, high debt burdens and lack of political consensus.

60. The impetus for the 20/20 Initiative, described in paragraph 39 above, partly derived from the World Summit for Children and discussions which then took place about the mobilization of resources for human development. The principle of reciprocity is a key feature of the Initiative, which emerged at a time when weak economic performance and external financing pressures had induced many developing countries to implement severe austerity policies. Evidence showed that the brunt of fiscal austerity was often shouldered by the social sectors, further disadvantaging the poor. A decline in social-sector spending has been documented for several countries in Latin America, South Asia and sub-Saharan Africa.

61. The 20/20 Initiative has received many endorsements at the international level over the last few years. The 1995 World Summit for Social Development endorsed the Initiative, referring in its Programme of Action to the mutual interest of certain "developed and developing country partners to allocate, on average, 20 per cent of ODA and 20 per cent of the national budgets, respectively, to basic social programmes". A follow-up international meeting sponsored by the Governments of Norway and the Netherlands in April 1996 agreed on the Oslo Consensus for practical steps for 20/20 implementation. These steps included support by multilateral organizations to developing countries for the formulation and implementation of social-sector programmes in favour of the poor, and for monitoring budget expenditure on basic social services.

62. The available information on budget allocations permits only an approximate assessment of the share devoted to basic social services. Broad orders of magnitude suggest that, on average, between 12 and 15 per cent of national budgets were allocated to the delivery of basic social services around 1990. Several indicators suggest that budgetary allocation to basic social services had declined in the 1980s. However, there are some limited signs of improvement. Gradually, structural adjustment programmes have been given "a human face"; social safety nets are now operational in many countries and public expenditures on primary education and other basic social services are better protected. Several donors have also enhanced their support to the provision of social services.

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63. The NGO community has been another important source of resource mobilization for the goals-for-children agenda. The important contributions of Rotary International and Kiwanis International are noted above. The financial contribution of both international and national NGOs often constitutes a significant portion of the resources for carrying out NPAs. In Kenya, for example, 10 per cent of the overall five-year NPA is financed by NGOs and the private sector. The contribution of UNICEF National Committees to World Summit for Children follow-up activities has also been considerable; for example, since 1990 they have played an important part in 22 debt conversions in 19 countries, thereby eliminating debt with a face value of nearly $200 million and generating local currency equivalent to about $53 million for social development programmes.

64. Apart from restructuring public expenditures and seeking more external funds for social sectors, many countries have looked into alternative ways of generating additional resources for basic social services. The World Summit for Children cannot be said to have caused these resource mobilizations in a direct way, but by helping to create a climate in which social expenditures were seen as an important investment in human development, Summit follow-up has been one of the forces promoting the allocation of funds for social purposes based on child well-being, or at least stabilizing them and preventing further decline.

III. PROGRESS TOWARDS THE GOALS

A. Global

65. During the first half of the 1990s, progress towards the mid-decade goals was more substantial than towards the end-decade goals. Major progress occurred in measles deaths reduction, increased ORT coverage, eradication of guinea worm and universal ratification of the Convention on the Rights of the Child. Considerable progress has also been achieved in the spread of immunization, the reduction of polio and measles cases, the conversion of hospital maternity routines to promote breastfeeding and salt iodization. While some countries are making rapid progress towards adequate vitamin A intake, nearly half the countries with a public health problem of vitamin A deficiency have done little. More work is also needed to reduce neonatal tetanus.

66. Only in water supply has major progress been made on the end-of-decade goals. While considerable progress has been made on reducing child mortality, only about 40 per cent of developing countries are on track to achieve the goal. Progress on primary education has barely kept pace with the increase in population, and much remains to be done on reduction of malnutrition, maternal mortality and adult illiteracy as well as on increasing access to sanitation.

B. Regional overview

1. Latin America and the Caribbean

67. The Latin American and Caribbean region has made major progress in reaching the mid-decade goals for children. Many countries have already surpassed the end-of-decade goals for immunization coverage. Polio has been certified as eradicated, with no case reported since 1991. Control of micronutrient deficiencies via the iodization of salt and supplementation with vitamin A have made rapid progress. The mid-decade goal of universal ratification of the Convention on the Rights of the Child has been met and many countries have begun to adapt their national legislation accordingly. Progress on the end-of-decade goals, as at the global level, has been less dramatic, but still substantial.

68. A wide range of measures were undertaken in the region to mobilize political leaders and civil society behind the Summit agenda and to encourage governments to move from signing the World Summit Declaration to concrete commitments on behalf of children. Some countries, notably Brazil, Cuba and Mexico, took a lead in this process, using the development of the NPA as an exercise to mobilize government departments and to reorient their thinking towards measurable performance targets. UNICEF in particular capitalized on all available opportunities to encourage Governments to undertake appropriate actions. An Inter-Agency Coordination Committee was set up to facilitate joint action in support of Governments dedicated to achievement of the goals.

69. In April 1994, 28 Governments ratified their commitment to the goals for children by subscribing to the Narino Accord. At that meeting, they also identified new areas of special concern (early pregnancies, disabilities and civic rights) and called for social investment to improve productivity and equity. Also reflected in the Accord are the specific mid-decade goals set by the Latin American and Caribbean countries in the light of country and regional realities. For example, the water and sanitation indicators were adjusted to take account of the fact that "universal coverage" was thought too ambitious; instead, reduction of the gap between the served and the unserved was prioritized. In the education context, a strategy pioneered in rural Colombia known as Escuela Nueva was accepted region-wide as the primary means of bringing children currently excluded from the classroom into school.

70. The Narino Accord singles out the need to institutionalize the NPAs, support the process of their decentralization to state, district and municipal level and provide opportunities for all groups in society in the planning and implementation of measures to achieve the goals. It also emphasizes the national imperative to channel financial resources from the public, private and external financing systems to basic social services.

71. During the early 1990s, many countries were faced with the challenges of structural adjustment, democratization and increasing inequities and social injustice engendered by hardship. Given these circumstances, progress towards the goals for children has been heartening. Expenditures in social areas have been slowly recovering, although it is not possible to describe the crisis in health and education service quality and coverage as having passed. Much improvement is required in the fields of perinatal mortality, maternal care,

reproductive health especially of youth, education quality, special protection of childhood and equal access to services by the disadvantaged.

2. South Asia

72. While South Asia has maintained moderate economic growth for the past several years, the benefits have not been equally distributed, and it still has the lowest per capita income of any region. While the region contains a mere eight countries, a quarter of the world's children live in the region, a third of all under-five deaths occur there and it is home to half the world's malnourished children.

73. Despite this situation, major progress has been made on the mid-decade goals, through the virtual eradication of guinea worm disease, reduction of measles deaths, ratification of the Convention on the Rights of the Child and promotion of breastfeeding by adjustment of hospital maternity routines. Considerable progress has been made towards universal salt iodization, with about 60 per cent of the region's population now consuming iodized salt. Progress on immunization has been mixed, with Bangladesh, Bhutan, India, Maldives and Sri Lanka maintaining levels of 70 per cent or more, but with levels falling substantially below this for Pakistan and Nepal, and with coverage in Afghanistan only reaching 20 per cent. Progress in reaching the goal for oral rehydration therapy (ORT) is slow in some countries partly as a result of poor communication of critical messages about care of children suffering from diarrhoeal infection.

74. Since 1990, all South Asian nations have accelerated their efforts to achieve education for all, with increasing political commitment to basic education and increasing budgetary allocations to primary schooling. This has resulted in higher enrolment and some reductions in gender and urban/rural disparity. However, success has also brought new pressures: stress on existing classroom accommodation and demand for improved quality of primary education.

75. Progress towards the end-of-decade goal on water is marked, but there are concerns that the underground water supply is decreasing rapidly, posing potentially serious problems for the second half of the decade. Sanitation coverage is the lowest of any region and much needs to be done. While child mortality continues to decline, the current trend is unlikely to achieve the end-of-decade goal. South Asia has the highest levels of malnutrition and illiteracy of any region, and progress towards the end-of-decade goals for both has been inadequate.

76. The goal of universal ratification of the Convention on the Rights of the Child has been met in the region. As a result, the need for measures to protect children against abuse and exploitation has been more widely discussed in public forums, and is receiving far greater attention by policy makers, the media and NGOs than in the past.

77. The touchstone for regional follow-up to the World Summit is the Colombo Resolution on Children, endorsed in April 1993 at the Seventh Summit of Heads of State and Government of SAARC. The document strongly linked achieving the goals

for children with collective commitment to eradicate poverty. Intermediate goals for 1995 were set to catalyse and accelerate progress towards the end-of-decade goals; these provided the basis for national and some sub-national programmes of action that have helped mobilize political and societal support.

3. East Asia and the Pacific

78. The regional record on the goals for children is impressive. Major progress has been achieved on all the mid-decade goals except for neonatal tetanus. Among the end-of-decade goals, considerable progress has been made on education and water. The adult literacy level is above 80 per cent, and more than 85 per cent of primary school entrants reach grade 5. Gender disparity in literacy is still high, but in primary education the difference is much lower. Such changes are attributable to significant investment in basic education. While child mortality has continued to decline in the 1990s, the rate of decline is not currently sufficient to achieve the end-of-decade goal. Malnutrition is lower than in South Asia and sub-Saharan Africa, at around 20 per cent of under-fives, but reduction is slow. Sanitation needs improvement.

79. As in other regions, there are considerable differences between countries and some, notably Cambodia, the Lao People's Democratic Republic, Myanmar, Papua New Guinea and Viet Nam, face special difficulties attributable to poverty and inadequate infrastructure.

80. A growing number of countries in the region face urgent challenges in the context of childhood protection as a result of the adverse consequences of rapid social change. The newly emerging set of problems, which include commercial exploitation of children - especially girls - are by-products of the region's economic success and, in some cases, the shift from centrally planned to market-oriented systems. Many social programmes and safety-nets have been scaled down and there has been a breakdown of community values and traditional forms of social support or control; meanwhile problems have been exacerbated by rapid urbanization, environmental degradation and the spread of HIV/AIDS.

81. Follow-up to the World Summit for Children began with NPA preparation in most countries, usually synchronized with, and integrated into, national development plans. The NPAs provided an opportunity to develop new approaches and strategies to respond to the emerging conditions in the region. The process of preparation was participatory, with professional groups and voluntary organizations playing a key role.

82. The point of reference for the goals for children in East Asia is the Manila Consensus, a product of the September 1993 Regional Ministerial Consultation, in which 17 countries reaffirmed their commitment to their NPAs and to the adoption of programmes to reach mid-decade targets. This commitment was reaffirmed at the Third East Asia and Pacific Ministerial Consultation on the Goals for Children and Development to the Year 2000 held, at Hanoi in November 1995. In the Hanoi Declaration, countries pledged to increase budgetary allocations for social programmes following the 20/20 concept.

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4. Sub-Saharan Africa

83. Overall, progress towards the goals in sub-Saharan Africa has been the weakest of all the regions. It is also the only region where the total external debt stock is greater than the annual gross national product (GNP), and decline in Official Development Assistance (ODA) has not been balanced by increases in other international investment flows. Low economic growth and inadequate levels of public resources for social investment, vulnerability to drought and environmental degradation, the widening HIV/AIDS epidemic, instability of the political transformation process and the disruptions caused by armed conflict have all played a role in inhibiting progress towards the goals.

84. Despite all the difficulties, there has been progress. Universal salt iodization is progressing rapidly, with nearly 60 per cent of the population in need consuming iodized salt; guinea worm disease is well on its way to eradication; and ORT use has increased significantly in many countries in the region. For other goals, advances have been made by specific countries rather than for the region as a whole. For example, in immunization, where regional coverage rates are around 50 per cent, 11 countries have DPT3 levels of 80 per cent or more. The Bamako Initiative provides another example of action and has led to sustained growth in immunization rates in countries such as Benin, Burkina Faso, the Congo, Mali and Togo.

85. Considerable challenges still exist in the control of malaria, diarrhoeal disease, acute respiratory infections and measles. In some countries, child malnutrition rates are as high as 30 to 40 per cent. Child survival rates in Africa are beginning to show the negative effects of the HIV/AIDS epidemic. Not only is there a direct impact on child mortality, but sickness and death among HIV-infected parents are linked to rising malnutrition, increased school drop-out rates and growing numbers of children obliged to earn through street occupations, including begging, criminality and prostitution.

86. Little progress has been made in primary school enrolment, with the increase in students only keeping pace with the increase in the primary school age population. But the downward trend of the primary school enrolment ratio in the 1980s appears to have been converted to a slight increase in the first half of the 1990s. Nevertheless, the achievement of education goals remains a challenge for the region and an improvement in girls' education remains the number one priority: some of the countries in the region have female illiteracy rates higher than 80 per cent. There is now a stronger commitment from Governments to the vision of Education For All and renewed awareness of the importance of universal primary education in achieving socio-economic progress on all fronts.

87. While child mortality continues to decline at the regional level, the trend falls a long way short of that required to achieve the end-of-decade goal; several populous countries show little or no decline. Sub-Saharan Africa has the second highest level of malnutrition, and though it is considerably below the level of South Asia, it appears to have increased during the first half of the decade.

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88. The Consensus of Dakar (June 1993), which was an outcome of the 1992 International Conference for Assistance to the African Child, remains the principal point of reference for follow-up to the World Summit for Children in sub-Saharan Africa. The participating countries committed themselves to translate the goals of the Summit into concrete national programmes of action, to restructure government budgets to support implementation of their NPAs and to increase domestic resource mobilization. African States also decided to accelerate efforts for immunization, IDD control and education, thereby adopting a series of mid-decade goals for Africa. The Convention on the Rights of the Child has been ratified by virtually all countries in the region and is being promoted for the design of programmes for child protection and rehabilitation as well as for the wider restoration of civil society.

5. Middle East and North Africa

89. Major progress has been made on nearly all the mid-decade goals. Immunization rates have significantly increased and the incidence of vaccine-preventable diseases has dropped correspondingly. Reported tetanus immunization levels of mothers remain low, but this may reflect an inadequate measurement method. Considerable advances have been made towards the end-of-decade goal in water supply and even in sanitation coverage. School enrolments have improved overall, although gender disparity continues to be high. Levels of illiteracy are comparable with those of sub-Saharan Africa, and the gender gap is also large. But the Middle East and North Africa region has made the most progress of any region towards the end-of-decade child mortality goal, with three quarters of the countries in the region currently on track.

90. While the region has a relatively high GNP per capita, it has nevertheless been encountering economic constraints; it also suffers from inadequate capacity for planning, management and costing, low levels of involvement of civil society and budget restraints caused by structural factors.

91. The Pan-Arab Plan for Child Survival, Protection and Development, adopted by the League of Arab States in 1992, set mid-decade targets for World Summit for Children goals. These targets were reaffirmed in 1994 when Arab health ministers called for effective monitoring systems and established a permanent committee to follow up on implementation. Many countries have established councils or committees to pursue issues linked to child well-being. A number of the committees have enjoyed support from the highest levels, including from the head of State or Government.

92. With near region-wide ratification of the Convention on the Rights of the Child, the region has entered a new era in regard to the potential for childhood enhancement and protection. Discussion of previously hidden problems such as child labour and child abuse has become possible and has been legitimized in high-level public forums; it is now possible to target resources and programmes to address the needs of children suffering from special disadvantages. Several countries are in the process of bringing their laws into harmony with the provisions of the Convention on the Rights of the Child.

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6. Central and Eastern Europe, Commonwealth of Independent States and Baltic States

93. In reviewing national progress towards the goals for children in the CEE/CIS and Baltic States, it must be remembered that most countries in the region had high levels of child protection and social service coverage prior to the current transition period. Social and economic indicators of most countries deteriorated in the first half of the decade. The transition from centrally planned economic systems to market economies has led to a pronounced disruption of services. At the same time, social safety nets have become less effective and social institutions and systems are in urgent need of reform.

94. After initially achieving some goals, especially in immunization, over the last two to three years many countries in the region have encountered set-backs, including outbreaks of polio and diphtheria. In this regard the countries face an unusual problem compared to those in other regions: how to maintain and preserve their substantial previous achievements. A sharper focus is required on critical areas of need, including control of diarrhoeal disease and acute respiratory infections as these illnesses account for 60 per cent of child deaths in most countries.

95. A further outcome of the transition process is that increasing numbers of children are in "especially difficult circumstances", caught in war situations, abandoned in institutions, arrested because of juvenile delinquency or subject to exploitation or abuse. All countries in the region have ratified the Convention on the Rights of the Child, but many lack funds for its implementation. Attention will focus on affordable measures that do not require much public outlay, and the participation of the media and NGOs will be enlisted.

96. Several emergency programmes have been developed through consolidated appeals issued by the United Nations Department of Humanitarian Affairs. Specific short-term projects that address urgent shortages of essential drugs and supplies to improve health delivery systems have also been launched for Belarus, Ukraine and the Russian Federation. Generally, these emergency activities also address longer-term social sector reforms and include advocacy aimed at improving resource allocations for services affecting children and women.

7. Industrialized countries

97. The industrialized countries have been important players in the follow-up to the WSC. At end May 1996, 16 of them had completed their NPAs (see annex II). Each of these NPAs deals with both domestic action and international cooperation. Ten countries have so far reported on mid-decade achievements (Austria, Australia, Canada, Denmark, Japan, New Zealand, Norway, Sweden, Spain and the United States) while the Netherlands and Germany are at an advanced stage of completing their mid-decade reviews.

98. Prior to the World Summit for Children, rough estimates suggested that less than 10 per cent of bilateral ODA was typically allocated to basic social

services. Since then, although ODA is showing a downward trend overall, there are some indications that, proportionately, bilateral ODA for social development may be increasing. Although the OECD Development Assistance Committee (DAC) recently introduced sub-sectoral reporting on basic education and basic health, early responses do not yet allow for any firm assessment of current ODA allocations to basic social services. The international meeting on the 20/20 Initiative in April 1996 helped clarify definitional issues of basic social services, to pave the way for mechanisms to monitor implementation in countries where it is adopted.

99. Since the Summit, several donors have increased their support to programmes to reduce vitamin A and iodine deficiency disorders (IDDs), improve the quality and coverage of primary education and provide services for children in especially difficult circumstances. A number of donors have drawn attention to their increased contributions to UNICEF (Denmark, Japan, Netherlands and New Zealand), including strengthened support for girls' education in Africa, notably by Canada and Norway. Canada has set its own target of 25 per cent of ODA for the broader "basic human needs" and in 1994 the Netherlands was the first donor to prepare a report specifically on assistance to children.

100. The United States' international Child Survival Program marked its tenth anniversary in 1995; the programme has given important support to the eradication of polio in the Americas. Japan is making a similar effort in Asia, and jointly, the two countries pledged in April 1996 to collaborate on polio and micronutrient malnutrition. Various donor countries including Denmark, the Netherlands, Sweden and the United Kingdom of Great Britain and Northern Ireland, have adopted poverty reduction, the promotion of human rights and good governance as priorities for development cooperation; basic social services for children and women and programmes to give effect to the Convention on the Rights of the Child fall within these parameters.

C. Mid-decade goal-by-goal review

101. The concept of goals for children was originally developed by UNICEF as an input to the Fourth United Nations Development Decade. Goals for children were intended to act both as a vanguard for the regeneration of human development activity as a whole and as a benchmark of progress towards wider socio-economic progress. Thus, progress towards their achievement should be seen as part of a much larger movement spearheaded by the United Nations system, which remains ongoing.

102. As of the end of June 1996, the formal review of progress at mid-decade had been completed in 34 countries and was under way in a further 56 countries; this includes several industrialized countries. At the regional level, the East Asia and the Pacific countries carried out a ministerial review in Hanoi, in November 1995; similar high-level regional reviews are scheduled to take place for the SAARC countries and in the Americas in August 1996. At the international level, two important joint mid-decade reviews have been completed with UNESCO and WHO. The outcomes of these national, regional and international reviews available as of end June 1996 are reflected in the present report.

103. The following section of the report is structured as a goal-by-goal review from a global perspective. The seven major and 20 supporting World Summit for Children goals and the mid-decade goals have been consolidated to rationalize and reflect their interconnections. The goals addressed are those falling in the categories of health, nutrition and education, and the overarching goals of reductions in young child and maternal mortality.

104. Each of the goals is analysed against the end-of-decade and mid-decade targets. This is done through the following framework: a statement of the relevant goals; a statement of the problem the goals were designed to address; a round-up of progress towards the goal, including a description of strategies adopted where relevant; and of future key actions. In the case of health and nutrition goals, these are based on a longer analysis presented at the May 1996 meeting of the UNICEF/WHO Joint Committee on Health Safety with some updated data. In a report of this length, country-by-country analysis must inevitably be sacrificed to an overall view of global and regional advances. It must also be noted that statistical data from special multiple indicator cluster surveys and other surveys are still awaited from many countries. However, recent data from national surveys and routine reporting have been collated, allowing broad goal attainment levels to be identified.

105. The only major Summit goal not specifically addressed is that of "improved protection of children in especially difficult circumstances", since the goal did not set a measurable target and is mainly a reflection of the difficulties and complexities surrounding the situation of children in many different situations of disadvantage. The establishment of measurable indicators for these areas, to be applied to different types of disadvantage in different settings, has attracted considerable attention in the period since the Summit. New policies and programmes are emerging in the recognition that much more activity is needed on behalf of abandoned, exploited and abused children in industrialized and developing countries alike. It is possible to say that there has been movement in favour of the goal; but given the scale of the problems, much more is needed.

1. Under-five and infant mortality

The promise

106. End-of-decade goal. Between 1990 and the year 2000, reduction of infant and under-five mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less.

107. Summary of status at mid-decade. About 40 per cent of the countries - representing about a fifth of the world's under-fives - have reduced their under-five and infant mortality rates in line with that required to meet the end-of-decade goal. About 44 per cent of the countries - accounting for about two thirds of the world's under-fives - are unlikely to reach the goal at their current level of action.

The problem

108. About 12 million under-fives die annually. Around half of these deaths are attributable to acute respiratory infections and diarrhoeal diseases. Another 20 per cent result from immunizable diseases and malaria. Most of the remaining 30 per cent occur in the neonatal period.

109. Practical, low-cost interventions exist for preventing most of these deaths through immunization against vaccine-preventable diseases, ORT for prevention of diarrhoeal dehydration, impregnated bed-nets for malaria and antibiotics to treat infections. By far the majority of these children could be saved.

The progress

110. Since infant mortality is a subset of under-five mortality, only the latter will be reported in this section.

111. Under-five mortality rates (U5MR) have been cut in half globally in the last 30 years. The latest calculations suggest that the annual number of lives saved is about 7 million. While the global reduction of U5MR continued in the 1990s, there are wide disparities between regions and countries in progress towards the goal.

112. Comparing the average annual rate of U5MR reduction that countries achieved over the period from 1980 to 1994 with the rate of reduction required to meet the goal in the year 2000, about 40 per cent of all countries are on track to achieve the goal. Three quarters of the countries of the Middle East and North Africa and among the industrialized countries are on track, about 60 per cent in Latin America and the Caribbean, about half in East Asia and the Pacific and about one fifth in the CEE/CIS and Baltic States. Only one country in South Asia is in a similar position, and in sub-Saharan Africa, very few countries are on track.

113. In terms of children affected, the countries that are on track only represent about a fifth of the world's under-fives. Another one sixth of the countries have achieved major progress towards the goals. They represent about 15 per cent of the world's under-fives. The remaining 44 per cent of countries - accounting for the majority of the world's under-fives - are unlikely to meet the goal without renewed commitment and vigorous action.

114. Even if the target rate were set at one third reduction alone (rather than below 70 per 1000 live births), this would appear unattainable in high-mortality countries at the current level of action. Many are not achieving a reduction rate approaching one third by the end of the decade. While complex emergency countries are included in this group, they are a minority.

115. Yet some countries have demonstrated that major mortality reductions over an extended period are possible. Over a period of more than 10 years, 60 per cent of the countries in the Middle East and North Africa have maintained a high average annual reduction rate of 5 per cent or more; in the Americas nearly half the countries have maintained this rate.

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Table 1. Progress in meeting under-five mortality goal

Region	Percentage countries (% under-five population)		
	On track	Major progress	Challenging
Sub-Saharan Africa	5 (0*)	10 (4)	85 (96)
Middle East and North Africa	75 (76)	6 (6)	19 (18)
South Asia	14 (1)	14 (10)	72 (89)
East Asia and the Pacific	47 (25)	13 (2)	40 (73)
Latin America and the Caribbean	59 (44)	27 (46)	14 (10)
CEE/CIS and Baltic States	22 (27)	30 (25)	48 (48)
Industrialized countries	74 (36)	17 (56)	9 (8)
World total	39 (21)	17 (14)	44 (64)

* Represents less than 0.5 per cent of the under-five population.

Source: UNICEF (countries with 1 million or more population).

Key future actions

116. Priority needs to be given to those regions where mortality is highest: sub-Saharan Africa and South Asia. In high-mortality countries, particularly those making little progress, a revision of strategies for reducing child mortality is needed, based on a more holistic assessment of the factors involved. One factor in the lack of progress is the weak implementation of immunization, diarrhoea control or acute respiratory infection reduction. But other factors affect levels of mortality and these require a better understanding if more effective approaches are to be implemented.

117. While interventions continue to be targeted at the major causes of preventable child mortality, access to effective and integrated management of childhood illness in first-level health facilities needs to be expanded.

118. Decision-making at the household level and sustained behavioural change are also critical aspects. Every family needs to be informed through sound communication and education programmes what actions they should take to improve the health of children, through their own practices, such as use of ORT or impregnated bed-nets for malaria control, or through timely referral of cases of diarrhoea and pneumonia.

119. Nearly all children in the developed world have access to simple and affordable treatments needed to protect them from death from pneumonia, diarrhoea, measles, malaria and malnutrition. Very many children in the

developing world do not have access to these treatments, and resources are needed to ensure adequate supplies. Every health-care provider and community should have a continuous supply of essential drugs for the management of key childhood illnesses.

2. Immunization, measles, neonatal tetanus (NNT) and polio

The promise

120. End-of-decade goals. Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) of the Expanded Programme of Immunization (EPI) antigens against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age; and global eradication of poliomyelitis.

121. Mid-decade goals. Elevation of immunization coverage by the six EPI antigens to 80 per cent or more in all countries; reduction by 95 per cent in measles deaths and reduction by 90 per cent in measles cases compared to pre-immunization levels by 1995, as a major step towards the global elimination of measles in the long run; eradication of poliomyelitis in selected countries and regions by 1995; and elimination of neonatal tetanus by 1995.

122. Summary of status at mid-decade. A large majority of countries have reached the immunization coverage goal for all antigens except tetanus toxoid. There have been significant reductions in polio and the disease has been eradicated in many countries. Major progress was made towards elimination of neonatal tetanus; the goals for reduction of measles mortality and morbidity were reached in some regions, but not globally.

The problem

123. In the absence of the present immunization programme, every year about 5 million children would die of immunizable diseases: 2.7 million of measles, 1.2 million of neonatal tetanus, 1 million of whooping cough and 0.1 million of diphtheria. In addition, 0.8 million would suffer paralysis from poliomyelitis. Current levels of immunization save nearly 3 million young children every year, but there are still 2 million child deaths from immunizable diseases.

124. The burden of immunizable disease is greatest in sub-Saharan Africa and in other areas where the overall EPI performance is low, the health infrastructure is generally poor and where civil unrest and/or economic pressures lead to a low level of social expenditure.

125. Despite improvements in childhood immunization in the last decade, measles remains a major public health problem in many developing countries. Interference from maternal antibodies results in a vaccine efficacy of some 85 per cent when administered at nine months and lower rates at earlier ages. The disease is highly contagious and transmission can occur rapidly before any clinical symptoms appear.

126. Neonatal tetanus is an important health problem where births are not attended by a formally trained midwife. The major risk factors for neonatal tetanus deaths are non-vaccination of women and delivery in unhygienic environments.

127. Diphtheria re-emerged in the Commonwealth of Independent States, after successful control of the disease for over 30 years, spreading to nearly the entire CIS during 1993-1994. This resurgence illustrates the continued attention to immunization that is required.

128. Some regions of the world are still saddled with a heavy burden of polio; even where polio transmission has been stopped, immunization activities have to be continued until worldwide eradication has been achieved.

The progress

129. Immunization coverage rose dramatically in the 1980s to reach a global average of 83 per cent for the third dose of DPT (diphtheria, pertussis and tetanus) in 1990. The mid-decade goal (if measured by DPT3 immunization) has been met in 129 countries, and is within 10 percentage points of the goal in 17 others. Thus 76 per cent of countries have reached, or almost reached, the mid-decade goal, and many more are close.

130. The immunization coverage rate of 90 per cent (the goal for year 2000) has already been reached in 89 countries, including 59 developing countries. However, in countries where little increase in immunization coverage has taken place new momentum will be required to reach the end-of-decade goal.

Table 2. Countries achieving or nearly achieving the immunization goal

	DPT3 coverage rate of 80% or more		
Region	Number of countries	Percentage of countries	Percentage of one-year-olds
Sub-Saharan Africa	11	24	14
Middle East and North Africa	17	85	83
South Asia	4	50	71
East Asia and the Pacific	23	79	94
Latin America and the Caribbean	30	83	57
CEE/CIS and Baltics	21	78	66
Industrialized countries	23	88	98
World total	129	67	69

Source: UNICEF and WHO.

131. The global average masks wide varieties in country coverage rates, which range from 13 per cent to 100 per cent. Of the 18 countries with very low coverage (under 50 per cent), 14 are in sub-Saharan Africa. Regional variations indicate specific problems, such as EPI programme management in Asia, health service infrastructure in Africa and supply problems in countries in transition. In all parts of the world, reaching remote areas is challenging and costly.

132. As far as measles is concerned, current immunization averts approximately 72 per cent of the 130 million measles cases, and about 85 per cent of the 2.7 million measles deaths that could have occurred in 1995 in the absence of immunization. Measles incidence (and mortality) represents estimates, using models based on immunization coverage rates and vaccine efficacy. The percentage reduction in mortality and morbidity is shown in table 3.

Table 3. Reduction of measles cases and deaths

	Per cent reduction in	
Region	Measles cases	Measles deaths
Sub-Saharan Africa	34	65
Middle East and North Africa	75	96
South Asia	69	87
East Asia and the Pacific	82	95
Latin America and the Caribbean	100	100
CEE/CIS and Baltics	85	95
Industrialized countries	88	94
World total	74	86

Source: WHO.

133. The "high-risk" approach to measles, whereby especially at-risk child populations are targeted by campaigns, has proved effective. Measles vaccination of high-risk (e.g. refugee) child populations, accompanied by distribution of vitamin A, is an effective way of targeting resources to the most vulnerable.

134. The polio eradication goal was established in 1988 when there were about 35,000 reported cases. There are currently reported to be about 6,000 a year. Polio has been certified as eradicated in all countries in the Americas. In addition to those 27 countries, 70 of the 168 countries for which data are available report zero cases for the last three years, and a further 13 countries reported no cases for the most recent year. Since reported cases have decreased 83 per cent in seven years, the prospects of polio eradication by 2000 look

good. However, the countries in which eradication is most difficult are those remaining.

135. Of the 1.2 million neonatal tetanus deaths expected to occur each year without immunization, 61 per cent are now prevented. About 80 per cent of deaths occur in just 12 countries, for which a special effort is indicated.

136. Deaths from neonatal tetanus have been stable at about half a million a year since 1990, despite population growth. A higher number - about two thirds of a million - are currently estimated to be saved from neonatal tetanus each year. Almost 80 per cent of the 192 reporting countries have virtually eliminated the disease by bringing down the rate to less than 1/1,000 live births in each district of the country, or have a rate of less than 1/1,000 live births in the country as a whole.

137. Immunization has combined a goal-oriented approach with long-term sustainability. Increasing numbers of countries are now financing their own immunization programmes, and the capacity to run the programmes is almost entirely indigenous. Decentralization and building up of health services for childhood immunization have been important.

Key future actions

138. The main challenge remains mobilization, of both political will and financial commitment. The success of the polio eradication programme can be used as a mobilizer, and a model, for the other programmes.

139. Measles control should follow a sequence of strategies, moving from improved routine immunization to special outreach to high-risk populations to outbreak prevention. This will require improvements in surveillance. Neonatal tetanus prevention should concentrate on prevention among high-risk populations.

140. While monitoring of immunization programmes is generally of higher quality than for other goals, surveillance in the eradication and elimination programmes still needs improvement. In low-performing countries, surveillance should be initiated in urban areas, especially among slum and undocumented populations. Polio surveillance needs to be increased in endemic areas, especially where eradication is close to attainment.

3. Diarrhoeal disease

The promise

141. End-decade goal. Reduction by 50 per cent in the deaths from diarrhoea in children under the age of five years, and by 25 per cent in the diarrhoea incidence rate.

142. Mid-decade goal. To achieve at least 80 per cent use of oral rehydration therapy (ORT: increased fluids) and continued feeding. (This section reports on the proportion of children receiving oral rehydration salts (ORS) packages mixed with potable water and/or recommended home fluids (RHF)).

143. Summary of status at mid-decade. In countries which have reported on the proportion of children who receive ORS or RHF during diarrhoea, the goal has generally been achieved. However, the application of ORT (increased fluids) and continued feeding as the optimal diarrhoeal treatment is substantially lower.

The problem

144. Over 3 million deaths a year (1 in every 4) among children under five in the developing world are attributed to diarrhoeal disease. Most of these deaths are from dehydration, and could be prevented by using ORT (increasing the amount of fluid intake) and continuing to feed the child during the diarrhoea episode. Once dehydrated, most children can still be saved by giving them ORS.

145. Bouts of diarrhoea weaken a small child and are often connected to protein-energy malnutrition. In order to maintain a child's nutritional status and deal with persistent diarrhoea, continued and proper feeding during diarrhoea is of the utmost importance.

The progress

146. There has been a dramatic improvement in home management of diarrhoea over the last five years, saving the lives of approximately 1 million children every year. In 1990, ORS/RHF was probably used in about one third of the cases of diarrhoea. By mid-decade, the average level of use was 85 per cent (among 33 reporting countries, representing almost half the developing world's under-fives), with a range of 71 per cent to 98 per cent in different regions.

147. The same level of progress has not yet been achieved in the use of ORT (increased fluids) and continued feeding. At the time the goal was set, the emphasis was not as strongly placed on increased fluids as it has subsequently become, and data about the volume, rather than the nature, of fluids given to children during diarrhoea were not known. It is widely accepted that the prevalence of the practice of increasing fluid intake was low in 1990, and that it still trails behind ORS/RHF use.

148. Not only are levels of ORT and continued feeding low in some countries, they are far from being a complete solution to diarrhoeal deaths. Increasing mothers' knowledge of when to take a child to a health-care worker, and the ability of health staff to treat acute dehydration, persistent diarrhoea and dysentery are also needed to reduce diarrhoeal mortality by 50 per cent.

Table 4. ORS/RHF use rates and percentage of countries reporting

Region	Rate	% countries reporting	% under-fives represented
Sub-Saharan Africa	89	29	58
Middle East and North Africa	71	25	34
South Asia	96	38	25
East Asia and the Pacific	83	19	81
Latin America and the Caribbean	78	14	31
CEE/CIS and Baltics	98	8	3
Developing countries	85	23	49

Source: MICS, CDD, DHS and other household surveys.

149. The goal is possible: rapid and significant reductions in diarrhoea mortality can be achieved, given the right combination of effective programme interventions, political commitment, adequate resources, communication and mobilization, and measurement. Mexico, for example, managed to reduce diarrhoea deaths by 56 per cent among the under-fives between 1990 and 1993.

Key future actions

150. Without continued commitment and resources, the progress achieved by diarrhoeal disease programmes will come to a halt, and even reverse. High levels of ORT use need to be achieved and sustained. Training, motivation and mobilization of the health profession and political leaders to do what is necessary to enable mothers to apply cheap, simple remedial actions to a common but dangerous childhood complaint is a top public-health priority.

151. Close attention needs to be given to communications messages, so that ORT and continued feeding are emphasized and correct information is conveyed about the use of ORS/RHF in home-based diarrhoeal care and the need to seek medical care if the condition persists.

152. Efforts to reduce the incidence of diarrhoea itself are also needed, including spread of safe water supplies and sanitary means of excreta disposal, promotion of exclusive breastfeeding for 4 to 6 months, of personal hygiene including washing of hands, food and cooking/eating utensils, and of measles immunization and vitamin A provision.

153. Although incidence and mortality of diarrhoea can be estimated at the global level, tracking them at the country level is problematic. Practical ways to monitor progress need to be developed, including further refinement of process indicators.

4. Guinea worm disease

The promise

154. End-of-decade goal. Elimination of dracunculiasis (guinea worm disease).

155. Mid-decade goal. Interruption of the transmission of guinea worm disease (dracunculiasis) in all affected villages.

156. Summary of status at mid-decade. The goal was generally met in most endemic countries. Only countries with armed conflict have lagged behind.

The problem

157. Guinea worm disease is a debilitating, water-borne parasitic disease that only five years ago affected millions of people. The disease is rarely fatal but infection is extremely painful and can be disabling for long periods. When a woman is infected, there is a measurable decline in the nutritional status of her children and a reduction in child-care activities such as clinic visits. Children may be unable to attend school either when temporarily disabled by guinea worm, or when taking over the work of an incapacitated parent.

The progress

158. Although most national guinea worm disease eradication programmes were established in 1990 or even later, they have been highly successful, achieving great progress in a short period of time. In 15,000 villages guinea worm has been eradicated, and the incidence of the disease has declined by an estimated 97 per cent.

159. Guinea worm disease is therefore on the verge of elimination and the end-of-decade goal could be met. The remaining foci are mostly in remote communities in 16 African countries, Yemen and India. Pakistan has been free of the disease since 1993, and five more countries reported fewer than 100 cases in 1995.

160. As with so many goals-related success stories, the key to effective implementation has been in the communities which implemented the programmes and reaped the benefits. Partnerships between donors, NGOs, United Nations agencies and Governments have been similarly creative.

161. Conflict and insecurity have been the major barriers to eradication. The Sudan has almost half the world's remaining guinea worm cases and will require additional technical, operational and financial assistance. Political commitment to the programme requires that all parties in a conflict allow access to programme areas.

162. The monitoring of guinea worm offers useful lessons for other health interventions. The reporting of guinea worm cases has been far more cost-effective than any other attempt at village-level monitoring, and the use of maps for this surveillance helped planning and decision-making in other programmes.

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Key future actions

163. As eradication approaches, funding is becoming more scarce, threatening several national guinea worm programmes. Momentum needs to be maintained until full eradication is reached.

164. Mobilization around guinea worm disease should not be allowed to wind down, but should be harnessed to another target. If guinea worm eradication services can now be integrated into other community-based health-care programmes, their strengths can be transferred to tackling other health problems in poor and remote areas.

5. Acute respiratory infections

The promise

165. End-of-decade goal. Reduction by one third in the deaths due to acute respiratory infections (ARI) in children under five years of age.

166. Summary of status at mid-decade. Out of 88 developing countries where bacterial pneumonia is common, 59 have started active ARI control programmes. However, because few countries had accurate ARI mortality data in 1990, the rate of progress towards the goal is difficult to measure.

The problem

167. Acute respiratory infections, especially pneumonia, are the most common cause of mortality in children under five in the developing world. About one third of child deaths each year, or 4 million child deaths, are associated with ARI. Around 30 to 450 per cent of all paediatric visits to health facilities are related to respiratory infections.

168. When administered properly, antibiotics can prevent many child deaths from pneumonia. Standard case management using antibiotics could avert between 30 per cent and 60 per cent of ARI-associated child deaths, but such treatment is not available to many children who need it.

The progress

169. At the beginning of the decade, few countries had the knowledge and tools needed to reduce mortality from ARI, so no mid-decade goal was set for reduction in ARI. Since then, progress has been made both in improving treatment in clinics and in changing household behaviours to reduce mortality from pneumonia. Out of 88 developing countries with infant mortality rates of over 40/1,000 live births, 59 had started active ARI control programmes by the end of 1994.

Table 5. Countries implementing ARI programmes

Region	Target countries	Implementing activities
Sub-Saharan Africa	42	22
Middle East and North Africa	15	9
South Asia	7	7
East Asia and the Pacific	8	8
Latin America and the Caribbean	15	12
CEE/CIS and Baltics	1	1
World total	88	59

Source: WHO.

170. The central strategy for the control of ARI is sound case management. Mothers need to be able to recognize ARI and seek treatment for their children when necessary, and appropriately trained health workers need to be present in the community with supplies of suitable antibiotics.

171. Training in clinical case management for ARI has been introduced under ARI control programmes, using standard training materials and following standard quality criteria. To date, more than 50,000 physicians, 85,000 nurses and 70,000 community health workers have been trained.

172. Information on appropriate care-seeking behaviour in the household is being measured by household surveys in 60 developing countries, and will inform the planning of ARI control programmes. However, measurement of ARI mortality remains beyond the reach of most national programmes, even at mid-decade. Measuring reductions in ARI mortality will therefore at best be approximate.

Key future actions

173. Improvement of case management in the home and in health facilities is the key to significant reduction in child mortality. Change is necessary not only in first-level health facilities, but also in hospitals to which children with severe illness have been referred. The speed of implementation of ARI programmes must increase if the Summit goal is to be met.

174. The pneumonia bacteria are becoming increasingly resistant to standard antibiotics, and Governments will need help in making policy decisions about the choice of antibiotics to be used for ARI treatment. Ensuring a continuing supply of appropriate antibiotics will be one of the major challenges to both national and international agencies.

6. Maternal mortality

The promise

175. End-of-decade goal. Reduction of maternal mortality by half of the 1990 levels by the year 2000.

176. Summary of status at mid-decade. New estimates by WHO and UNICEF indicate that maternal mortality has been seriously underestimated and that in 1990 there were some 585,000 maternal deaths. Globally, there is no evidence that significant progress has been made. Common understanding has emerged on the most effective strategies: appropriate management of pregnancy and delivery; access to life-saving care when complications arise; and prevention of unwanted pregnancies.

The problem

177. New data show that in 1990 there were some 585,000 maternal deaths, indicating that pregnancy-related mortality has been seriously underestimated in the past.

Table 6. Revised 1990 estimates of maternal mortality

Region	Maternal mortality ratio (maternal deaths per 100,000 live births)	Number of maternal deaths (thousands)
Sub-Saharan Africa	980	219
Middle East and North Africa	320	32
South Asia	610	224
East Asia and the Pacific	210	80
Latin America and the Caribbean	190	22
CEE/CIS and Baltics	95	7
Industrialized countries	17	2
World total	430	585

Source: WHO and UNICEF.

178. Most of these deaths are from obstetric causes: haemorrhage, sepsis, eclampsia, obstructed labour and unsafe abortion. Approximately 20 per cent of pregnancy-related deaths in developing countries are associated with conditions such as anaemia and malaria that are complicated by pregnancy.

179. Less than half of all mothers in developing countries deliver their babies under the care of a formally trained midwife or physician. Only 59 per cent of pregnant women receive prenatal care. Although some 15 per cent of women will experience complications during pregnancy or childbirth, an unknown but high proportion do not have access to emergency obstetric care.

The progress

180. Measuring maternal mortality is extremely difficult and reliable information to establish baseline data and trends are not available in the majority of countries. WHO and UNICEF have developed a new methodology for estimating maternal mortality in countries where official estimates are inadequate. They are now preparing guidelines for monitoring progress by collecting data on the spread of obstetric facilities and the proportion of women with complications who use them.

181. Better understanding of maternal mortality and its causes is prompting changes in approach. Most pregnancy-related deaths can be prevented through a combination of appropriate management of pregnancy and delivery, access to life-saving essential obstetric care and access to family planning services to avoid unwanted pregnancy. A functioning health-care system is needed with linkages between all levels and knowledgeable referral by suitably trained personnel; this is especially needed for life-threatening complications.

182. Recognition of the scale and nature of pregnancy-related emergencies has led to reconsideration of the role in reproductive health of traditional birth attendants (TBAs). As far as delivery is concerned, the focus should be on developing links between TBAs and formal health-care providers. TBA training in isolation from the health-care system has been shown to have a negligible impact on maternal mortality.

183. Although progress towards the goal according to any measurable definition is unknown, the recent impetus gained by the women's cause at the national level and in international forums has been reflected in heightened attention to reproductive health in general and maternal mortality in particular. Strengthened partnerships between Governments, United Nations agencies, professional associations and women's health advocates at the global, national and community levels is expected to lead to much more impressive improvements in the second half of the decade.

Key future actions

184. Action must be taken within the primary and secondary health-care system to improve access to emergency clinical care for obstetric complications as a priority and to strengthen pregnancy-related services for all women.

185. Safe motherhood interventions must be designed in a way which integrates family planning, prenatal care, delivery and post-partum care. Reproductive health workers must be trained accordingly. The objective is to ensure a continuum of care throughout women's lives.

186. Information, education and communication activities need to be targeted not only to women, but also to men and those in the community whose attitudes and actions can influence the health of women, including those who can organize transport in emergencies.

187. In the light of new WHO/UNICEF estimates, each country is expected to review its maternal mortality rate situation and develop country-specific low-cost programme interventions with realistic goals and strategies.

7. Child malnutrition

The promise

188. End-of-decade goal. Fifty per cent reduction of severe and moderate malnutrition among under-five children between 1990 and 2000.

189. Mid-decade goal. Reduction of 1990 levels of severe and moderate malnutrition among under-five children by one fifth or more.

190. Summary of status at mid-decade. Overall, the rate of child malnutrition appears much the same as in 1990. About 31 per cent of children under five globally are underweight, with the largest proportion in South Asia where about 50 per cent are malnourished; in sub-Saharan Africa the prevalence is lower but may be increasing. Of the 40 countries with data on trends, about half have achieved significant declines.

The problem

191. An estimated 174 million under-five children in the developing world are malnourished, as indicated by low weight-for-age. Malnutrition not only results in poor physical and cognitive development but also lowers resistance to illness. Recent analyses indicate that, on average, 56 per cent of young child deaths in developing countries are associated with malnutrition, 83 per cent of them with mild and moderate malnutrition.

192. Household food security, adequate care of infants and children, reasonable well-being for women, a healthy environment and access to basic health services are necessary conditions for good child nutrition. These conditions in turn will be facilitated by other achievements in relation to disease control, educational progress and poverty reduction.

Table 7. Trends in child malnutrition

(Per cent under-fives underweight)

Region	1985	1990	1995
Sub-Saharan Africa	29	29	31
Middle East and North Africa	16	13	14
South Asia	57	51	51
East Asia and the Pacific	27	23	22
Latin America and the Caribbean	11	9	8
Developing countries	34	30	31

Source: Adapted from preliminary estimates of the Administrative Committee on Coordination Subcommittee on Nutrition.

The progress

193. While the availability of data has improved since 1990, it is still difficult to measure change, in part because of the lack of adequate baseline or trend data in many countries. The best available estimates indicate that, in 1995, 31 per cent of under-five children in the developing world were underweight.

194. The global figure masks significant regional differences, although the slow rate of progress is common to all regions. In South Asia, about half of young children are underweight, in sub-Saharan Africa around 31 per cent, in East Asia and the Pacific 22 per cent, in the Middle East 14 per cent, and in Latin America and the Caribbean 8 per cent. In sub-Saharan Africa and South Asia, a high birth rate and a lack of nutritional improvement have led to an actual increase in numbers of malnourished children.

195. In 1990, only 53 developing countries had reliable data on the numbers and proportion of young children who were underweight; by 1995, 97 countries had such data. This is an important development which will make more accurate future analysis possible. Some 20 of the 40 countries with comparable pre- and post-1990 data show significant declines in malnutrition since the 1980s; they are mainly in East Asia and the Pacific, Latin America and the Caribbean, and the Middle East and North Africa, and some have probably reached the mid-decade goal. In nine other countries, of which six are in Africa, malnutrition has increased.

196. Countries where there was political commitment to reducing malnutrition, as well as allocation of significant resources, building of human capacity and rigorous analysis of the problem seem to have been able to accelerate positive

trends. Economic growth can facilitate progress but is neither necessary nor sufficient to produce significant reductions in child malnutrition.

197. Most programmes to reduce childhood malnutrition include the protection and promotion of breastfeeding, attention to appropriate complementary feeding, nutrition education for behavioural change, growth monitoring and promotion, micronutrient deficiency control, nutritional support of the sick child, maternal nutrition and health referral, and support for women in household management and economic provision; however, the mix and emphases of nutrition-related programmes vary.

198. A distinguishing feature of successful programmes is community involvement in identifying problems and in mobilizing action; a good technical package is not sufficient.

Key future actions

199. Commitment from all levels of society must be mobilized for the reduction of child malnutrition. Given the importance of community involvement, national efforts must focus on creating a supportive environment for community programmes.

200. More needs to be done to prevent nutritional emergencies and to design safety nets for the most vulnerable groups, in emergencies and for children in especially difficult circumstances.

201. Present levels of commitment by Governments and international organizations will have to be increased if there is to be any prospect of reaching the end-of-decade goal.

202. More emphasis is needed on the interconnections between women's and children's well-being and inter-generational child malnutrition. Girls' and young women's nutritional status should be protected before they become mothers.

8. Iodine deficiency disorders

The promise

203. End-of-decade goal. Virtual elimination of iodine deficiency disorders (IDDs).

204. Mid-decade goal. Universal salt iodization (USI) in IDD-affected countries (90 per cent or more of food-grade salt effectively iodized, or more than 90 per cent of households consuming iodized salt).

205. Summary of status at mid-decade. Significant progress has been made. Almost all countries with an IDD public-health problem are iodizing salt in an effort to reach the end-of-decade goal. About 1.5 billion more people were consuming iodized salt in 1995 than in 1990.

The problem

206. In 1990 about 1.6 billion people, or 30 per cent of the world's population, were at risk of iodine deficiency disorders, and 750 million people suffered from goitre mainly because of low iodine intake. An estimated 43 million people were affected by some degree of brain damage as a result of inadequate iodine intake before or during infancy and early childhood.

207. The iodization of salt is a low-cost and effective way of tackling IDDs for entire populations. Prior to 1990, few developing countries had introduced large-scale salt iodization or attempted to enforce salt iodization regulations, and less than 20 per cent of people at risk in developing countries were consuming adequately iodized salt.

The progress

208. Twenty-one out of 87 countries for which information is available are now iodizing 90 per cent or more of all salt produced for human consumption. These countries have reached the mid-decade goal. A further 14 countries are iodizing between 75 per cent and 90 per cent of all salt. In many of the remaining 52 countries, the infrastructure to produce iodized salt has been established and the proportion of iodized salt consumed could reach or exceed 90 per cent by the year 2000.

209. As a result of post-Summit efforts, 1.5 billion additional people have started to consume iodized salt for the first time. This means that about 12 million infants every year - who would otherwise have been susceptible either before or after birth - have been protected from mental retardation. Altogether, about 2.4 billion people - 55 per cent of the population of 87 developing countries with data - are now obtaining an adequate iodine intake through the consumption of iodized salt.

Table 8. Consumption of iodized salt

Region	Countries with IDD problem and salt information	Population consuming iodized salt	
		%	Total (millions)
Sub-Saharan Africa	33	57	298
Middle East and North Africa	9	73	157
South Asia	6	59	711
East Asia and the Pacific	8	48	807
Latin America and the Caribbean	20	80	369
CEE/CIS and Baltics	11	26	87
Total countries	87	55	2 429

Source: UNICEF field offices.

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210. Laws and regulations facilitating and requiring salt iodization have been passed, or are in the final stages of ratification, in all but eight countries in which IDD is a recognized public-health problem. A substantial proportion of the human and financial resources required to achieve universal salt iodization have been mobilized, including $30 million from external sources during the past five years.

Key future actions

211. Some countries which did not achieve the mid-decade goal need extra support to enable them to make substantial inroads on IDDs by the year 2000.

212. Monitoring mechanisms to ensure quality of salt iodization and to collect accurate data from the point of consumption need to be strengthened.

9. Vitamin A deficiency

The promise

213. End-of-decade goal. The virtual elimination of vitamin A deficiency (VAD) and all its consequences, including blindness.

214. Mid-decade goal. To ensure that at least 80 per cent of all children under two years of age living in areas with inadequate vitamin A intake receive adequate vitamin A through a combination of breastfeeding, dietary improvement, food fortification and supplementation.

215. Summary of status at mid-decade. By 1995, 17 countries were moving rapidly towards the goal of adequate vitamin A intake for at least 80 per cent of children under two, and large-scale programmes were under way in 24 additional countries. In 35 affected countries, the problem was receiving inadequate attention.

The problem

216. In 1995, 250 million children under the age of five in 76 developing countries had vitamin A deficiency. In 43 of them vitamin A deficiency was severe, resulting in 3 million children showing clinical signs of eye damage or xerophthalmia, and up to 500,000 children becoming blind every year.

217. Vitamin A deficiency's full consequences have been under-appreciated until recently. It impairs the immune system, increasing the chances of dying in childhood by about one quarter, mainly from infections such as diarrhoea and measles; it also contributes to anaemia and poor growth. VAD also affects the health of an estimated 6 million pregnant and lactating women.

218. VAD is caused by an inadequate intake of foods containing vitamin A; it is often associated with frequent infections and malnutrition. The three main strategies for the elimination of VAD are supplementation, food fortification and dietary change. Animal foods and some orange or yellow fruits are good

sources of vitamin A, but they are rarely consumed by poor families. Increasing the consumption of green leafy vegetables may help prevent VAD.

219. Recognition of the full extent of VAD requires blood samples and biochemical analysis; therefore estimates of VAD prevalence and monitoring of progress towards its elimination are difficult.

The progress

220. Progress has been made in a number of countries by adopting the VAD elimination strategy known as "supplementation". VAD can be almost completely prevented by distributing high-dose vitamin A supplements to mothers immediately after birth, and to children twice a year from the age of six months. Of the countries with severe VAD, 22 routinely provide supplements to young children; 11 cover more than 50 per cent of the population. In these countries alone vitamin A supplements have saved the lives of approximately 300,000 children. Seven of the countries with less severe VAD now undertake routine vitamin A supplementation. Indonesia has virtually eliminated VAD mainly by this strategy.

221. The fortification of foods commonly consumed by at-risk mothers and children can also markedly reduce the problem. In Venezuela, flour is now fortified with both vitamin A and iron; over 90 per cent of all sugar consumed in Guatemala is fortified with vitamin A and this has been very effective in reducing VAD. In some countries, cooking oil and margarine are fortified; sugar fortification programmes are now being more widely considered.

222. Efforts to improve the diet of children and mothers have been made in almost all countries where VAD exists. Many such programmes have multiple objectives and it is not possible to assess their contribution towards reaching the goal. Whereas monitoring of the consumption of vitamin A capsules and fortified food has been possible, monitoring of changes in food consumption as a result of nutrition education is extremely difficult.

Key future actions

223. Although it is a very important factor in child health, the significance of sub-clinical vitamin A deficiency is still not fully appreciated by policy makers in many countries. More effort must be made to communicate the importance of adequate vitamin A intake to the well-being of millions of children.

224. Vitamin A supplementation programmes have proved to be effective and should be actively promoted for all countries where VAD exists. Where immunization coverage is high, they could be linked to immunization and routine clinic attendance. Low-dose vitamin A capsules should be made available through community organizations and pharmacists.

225. Food fortification should be more widely considered as a strategy to combat VAD, by seeking the cooperation of producers and distributors of manufactured and processed basic food products. The monitoring and quality control of present fortification programmes should be strengthened.

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226. Efforts should be made to evaluate programmes which aim to eliminate VAD through dietary improvement. More research is needed to quantify the contribution made by consumption of different types of vegetables to children's vitamin A status.

10. Breastfeeding

The promise

227. End-of-decade goal. Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year.

228. Mid-decade goal. Making all hospitals and maternity facilities "baby-friendly" by ending free and low-cost supplies of infant formula and breast milk substitutes and following the 10 steps recommended by WHO and UNICEF.

229. Summary of status at mid-decade. Major progress has been achieved towards the mid-decade goal. At the end of June 1996, 7,762 maternity facilities in 103 countries had been designated baby-friendly. Over 100 countries have taken action to prevent distribution of free or low-cost breast milk substitutes.

The problem

230. Breastfeeding is fundamental to ensuring the health and nutrition of some 140 million children born each year, yet few receive optimal breastfeeding and some are not breastfed at all. Early cessation of breastfeeding, needless supplementation and poorly timed complementary feeding - too early or too late - occur frequently.

231. Artificial feeding increases morbidity in both children and mothers. Use of breast milk substitutes, inadequate complementary foods, or both, contribute to growth faltering and micronutrient malnutrition.

232. Available data on breastfeeding indicate that only 43 per cent of infants in the developing world are exclusively breastfed (receiving breast milk only and no other liquids or solids) in the first four months of life. Exclusive breastfeeding rates range from close to half in South Asia, to around a quarter in sub-Saharan Africa and a fifth in Latin America and the Caribbean. At around six months complementary foods (semi-solids/solids) should be introduced; at present only 45 per cent of infants aged six to nine months are both breastfed and receive complementary foods. About half of all infants in developing countries are still breastfeeding at 20 to 23 months of age.

233. Historic disregard of breastfeeding as a right of both mothers and babies interacts with commercial influences embedded in health systems and professional conduct to discourage breastfeeding. Pervasive commercial influences affect health practices, attitudes and research.

The progress

234. Recognition of the harmful effects of the inappropriate marketing of breast milk substitutes led to the adoption of the International Code of Marketing of Breast Milk Substitutes in 1981. Eighty-eight countries have since adopted the Code or are in the process of adopting enforceable measures to give effect to it; 101 have acted to end free and low-cost supplies of breast milk substitutes.

235. Concern about the continuing decline of breastfeeding worldwide led to the 1990 Innocenti Declaration on Protection, Promotion and Support of Breastfeeding. The Declaration contains four key operational targets for the year 1995: appointment of national breastfeeding coordinators and committees; implementation of the International Code; adoption of maternity protection legislation; and making maternity services baby-friendly. The Baby-Friendly Hospital Initiative was launched in 1991 as a strategy to achieve most of these targets.

236. Since the launching of the Initiative, 7,762 maternity facilities in 103 countries have been designated baby-friendly, representing the majority of facilities targeted. Sixty additional countries have joined the Initiative and are working towards their first hospital designation. The largest number of baby-friendly facilities are in East Asia and the Pacific (4,763), followed by South Asia (926), Latin America and the Caribbean (721), the Middle East and North Africa (597) and sub-Saharan Africa (545). In Côte d'Ivoire, 85 out of a total of 86 hospitals are now certified as baby-friendly. Industrial and CEE/CIS Baltic countries have begun to join the Initiative, with 210 hospitals now designated.

237. Protecting breastfeeding from commercial pressures and interference is a critical component of any successful programme. Countries without codes of marketing are more vulnerable and sustainability of the programmes is more difficult to achieve.

238. Maternity leave of at least 12 weeks is available for some mothers in 118 nations. However, adoption of maternity legislation that would cover all groups of women and would enable the practice of exclusive breastfeeding for about six months remains a challenge.

Key future actions

239. Continued advocacy for breastfeeding as a mother's right, accompanied by the creation of a breastfeeding-friendly environment, is needed. These can best be promoted by implementation of the International Code and integration of breastfeeding into all nutrition-related programmes.

240. Advocacy messages will continue to place emphasis on exclusive breastfeeding for about six months and on optimal duration of breastfeeding.

241. In order for women to make an informed decision about infant feeding, complete and unbiased information on breastfeeding should be made accessible to all.

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242. Commercial influences interfering with breastfeeding still need to be intensively combated.

11. Safe water and sanitation

The promise

243. End-of-decade goals. Universal access to safe drinking water anduniversal access to sanitary means of excreta disposal.

244. Mid-decade goal. Increase water supply and sanitation coverage so as to narrow the gap between the 1990 levels and universal access by the year 2000 of water by one quarter and of sanitation by one tenth.

245. Summary of status at mid-decade. The mid-decade goal for access to safe water was achieved globally, owing to significant progress in Asia. Access to sanitary means of excreta disposal, however, actually decreased as a result of the failure of service coverage to keep up with population growth, especially in urban areas.

The problem

246. In 1990, an estimated 1.6 billion people did not have access to safe water, and 2.6 billion to appropriate sanitation. Coupled with poor hygiene, inadequate water and sanitation are implicit in the high mortality rates suffered by young children from diarrhoeal diseases, which account for over 3 million deaths of under-fives in developing countries each year.

247. Access to safe water and hygienic sanitation also affects the spread of a number of other diseases, including schistosomiasis and dracunculiasis (guinea worm disease), and infections spread by lack of hygiene, such as intestinal helminths, scabies and trachoma. Water-related diseases interact negatively with other childhood health problems and may be implicit in malnutrition.

248. In addition to the health costs of lack of access to safe water and sanitation, there are major inconveniences and other costs - including educational - endured by women and children expending time and energy on water-hauling.

The progress

249. According to 1994 data, 1.1 billion people remain without access to safe drinking water, and 2.9 billion to sanitation. The mid-decade goal was met globally for water supply, as the gap between 1990 levels and complete access was reduced by 35 per cent. For sanitation, however, the mid-decade goal was not met and the gap actually increased. Demand for sanitation continues to lag behind that for safe water, as both communities and Governments often perceive it as less urgent.

250. The global figures mask large differences by region, as shown in table 9. Coverage of safe water supply remained constant in Latin America, but rose in

all other regions between 1990 and 1994. West Asia and Asia and the Pacific have met the mid-decade goal. Sanitation coverage, however, fell in all regions except West Asia.

251. Community involvement in service operation and management is seen as vital to progress in service extension. Resources from communities will have to be mobilized if provision of even the most basic level of service is to be ensured. Services must therefore be affordable, and desired, by consumers in order to promote cost-sharing and cost-recovery.

Table 9. Safe water and sanitation coverage, 1990 and 1994

Region	Water supply			Sanitation		
	Coverage		Mid-decade goal	Coverage		Mid-decade goal
	1990	1994		1990	1994	
Africa	45	46	59	36	34	42
Latin America and the Caribbean	79	79	84	69	63	72
Asia and the Pacific	61	80	71	30	29	37
West Asia	78	88	84	65	68	69
Global	61	75	71	36	34	42

Source: WHO/UNICEF Joint Monitoring Project.

Note: The regions in this table follow the regions used for reporting water and sanitation in the Secretary-General's report of June 1995 (A/50/213-E/1995/87).

Key future actions

252. Partnerships between government, donors, NGOs and communities are vital to achievements in water and sanitation. These partnerships need to be strengthened and extended to facilitate a higher level of community participation.

253. Water and sanitation provision should also be accompanied by an emphasis on hygiene education to increase the perception of the need for, and benefit from, safe water and sanitation.

254. Urban water supply continued to absorb 80 per cent of investments in the water-supply sector, generally benefiting the better-off populations. Rapidly growing cities and poor urban areas in particular must be targeted, along with rural areas.

255. Serious progress towards the end-of-decade goal will require funding levels many times higher than at present, and more willingness to adopt low-cost technologies and cost-effective reforms.

256. Weakness in information management systems is a major constraint in many countries. Addressing imbalances such as the urban/rural differential, or the lack of progress in sanitation provision, needs reliable data on which to base rational plans. Therefore, national monitoring systems must continue to be strengthened with the assistance of the WHO/UNICEF Joint Monitoring Programme.

12. Basic education

The promise

257. End-of-decade goal. Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school-age children, with emphasis on reducing disparities between boys and girls.

258. Summary of status at mid-decade. The proportion of primary school-age children enrolled has increased by 2 per cent between 1990 and 1995. Enrolment will have to accelerate if the end-of-decade goal is to be met. Drop-out rates also remain high, particularly in sub-Saharan Africa and South Asia and reduction in gender disparity has been slow.

The problem

259. Well over 100 million primary school-age children do not attend school; about 60 per cent of these are girls. Of those who start school, many do not complete even four years of schooling, and while quality of schooling has improved in some countries, it is sadly lacking in others.

260. Basic education provides the essential learning tools, knowledge, skills, values and attitudes required for a productive life and for lifelong learning. It encompasses early childhood development, primary schooling and a range of learning activities addressing the basic learning needs of children out of school as well as adolescents and adults. Primary education for children is a critical component because basic competencies and life skills should be acquired by all at an early age.

261. Investment in education is key to economic growth and social development, including increased access to primary health care, better nutrition, lower fertility, greater use of sanitation and the empowerment of women. By increasing the productivity of the poor, education contributes to better income distribution and the reduction of poverty, as has been demonstrated by the recent experience of East Asian countries.

The progress

262. The 1990 Jomtien Conference on Education for All initiated a major reappraisal of basic education. During the first half of the 1990s, there has been significantly increased attention to basic education at the political level

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and a reallocation of resources, and a growing number of countries are implementing programmes to improve basic education.

263. Fifty million more children are now in primary school, but this has barely kept up with population growth. The proportion of school-age children enrolled in developing countries is estimated to have increased from 80 to 82 per cent between 1990 and 1995. Gender disparity has shown a similar magnitude of change, with the difference between male and female enrolment ratios falling by 2 percentage points.

264. At the regional level, the change in enrolment ratios varies from a decrease of 1 percentage point to an increase of 3, and gender disparity from a decrease of 5 percentage points to an increase of 1. In sub-Saharan Africa the downward trend in primary school enrolment in the 1980s appears to have been converted to a slight increase in the first half of the 1990s. However, given the inadequacy of enrolment data, changes from 1990 to 1995 should be interpreted with caution.

265. Enrolment only tells part of the story of primary education. Many children do not stay in school until they have a minimum level of education (grade 5). In the East Asia and Pacific and the Middle East and North Africa regions, around 90 per cent of those who start school complete four years of education, three quarters do so in Latin America and the Caribbean and only around 60 per cent in sub-Saharan Africa and South Asia. Such high drop-out rates indicate that achievement of basic education for at least 80 per cent of primary school-age children by the year 2000 will be very challenging in these last two regions. Latin America will also have to accelerate its pace of progress if it is to meet the end-decade goal.

Table 10. Enrolment and gender disparity ratios

	Net enrolment ratio (both sexes)		Gender disparity (male ratio minus female ratio)	
Region	1990	1995	1990	1995
Sub-Saharan Africa	54	55	10	11
Middle East and North Africa	80	83	11	10
South Asia	75	78	25	20
East Asia and Pacific	95	94	6	5
Latin America and Caribbean	87	89	5	6
Developing countries	80	82	13	11
Industrialized countries	92	92	1	1

Source: UNESCO data prepared for EFA meeting in Amman, June 1996.

266. Even for children who remain until the final grade, the quality of the education needs considerable improvement. A recent study in primary schools in 14 of the least developed countries found average grade 1 class sizes up to 112, nearly half of all classrooms without chalkboards and most children using a different language in school than at home.

Key future actions

267. An acceleration of effort is needed, particularly in sub-Saharan Africa, to get more primary school-age children, especially girls, into school. Existing data systems which report on school attendance, grade repetition and drop-outs also need improvement if progress is to be adequately monitored.

268. Gender inequalities in access to education and within education need to be rapidly ended and education made a reality for all girls and women, particularly in South Asia, sub-Saharan Africa and the Middle East and North Africa. The slow progress to date points to deep-rooted social, cultural and economic factors going beyond educational causes, all of which have to be addressed through a comprehensive national effort.

269. Improving the quality of primary education requires attention to the physical environment of learning, provision of learning materials, teacher training and community involvement in schooling. It also requires the development of simple indicators of learning achievement, together with their widespread use, so that progress can be assessed.

270. A stimulating and caring environment is an essential foundation for education, and programmes that serve the poor can compensate for a deprived family and community environment. Such programmes have a considerable impact on helping all children improve their chances of entering primary school.

271. As part of a flexible and comprehensive strategy for achieving universal primary education, non-formal approaches have an important role in serving difficult-to-reach groups, especially when formal systems cannot expand fast enough. However, non-formal basic education needs to be connected to the formal system so that children have a chance to join their peers and are supported with adequate resources.

13. Illiteracy

The promise

272. End-of-decade goal. Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to one half its 1990 level, with emphasis on female literacy.

273. Summary of status at mid-decade. The adult illiteracy rate in developing countries decreased from 34 to 30 per cent between 1990 and 1995. The gender disparity narrowed marginally. Without a major effort in the next few years, progress by the end of the decade will fall far short of the goal in most countries.

The problem

274. The number of people over the age of 15 who are literate has increased by more than 300 million between 1990 and 1995. However, the number of illiterates has remained at around 900 million, about a quarter of the world's present adult population. Two thirds of the illiterate population is female.

275. Illiteracy tends to be concentrated among ethnic and cultural minorities. Those belonging to tribes, castes, races, religions and language groups outside the mainstream of society are at high risk of illiteracy, as are populations in remote regions and the poor. Women constitute the majority of those denied education in all social groups.

276. There is a marked correlation between the illiteracy of parents and the failure to enrol children in school and early school drop-out rates. At the same time, an environment that does not stimulate learning and poor-quality schooling have a tendency to increase drop-out rates, adding substantially to the number of illiterates. A strong connection also exists between literacy levels among women, the size of their families and the mortality and nutrition status of their children.

The progress

277. In 1990, 26 per cent of the world's adult population was illiterate, and this dropped by only a small amount to 24 per cent in 1995. If this trend continues, the goal of a reduction by one half will not be met by the year 2000.

278. The highest levels of illiteracy are to be found in South Asia, where one half of the adult population cannot read or write; in sub-Saharan Africa and the Middle East/North Africa the proportion is around 40 per cent. The East Asia and Pacific and the Latin America and Caribbean regions have illiteracy rates of around 15 per cent. None of the regions are on track to reach the year 2000 goal, though the East Asia and Pacific region is the closest.

279. Only the Latin America and Caribbean region is on track to reduce gender disparity by half, from an already very low rate of 3 per cent. All other regions continue with high disparity levels, varying between 27 percentage points for South Asia to 14 for East Asia and the Pacific.

280. Low illiteracy levels in developed countries are partly a reflection of the crude measure that is used. A 1994 study, in which literacy was defined as a broad set of skills relevant to people's daily lives, found that over 20 per cent of adults in some of the world's richest countries had literacy skills at only the most basic level. The increasing demand for new skills, and at the same time the quick obsolescence of acquired skills, leads to increased levels of functional illiteracy not only in industrialized countries, but also in many of the highly literate societies of the developing world.

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Table 11. Illiteracy and gender disparity rates (1980-1995)

Region	Illiteracy rate (both sexes)			Gender disparity (female rate minus male rate)		
	1980	1990	1995	1980	1990	1995
Developing countries	42	34	30	22	19	18
Sub-Saharan Africa	59	48	43	23	21	19
Middle East and North Africa	58	46	40	28	25	23
South Asia	62	55	51	28	28	27
East Asia and Pacific	31	20	16	23	16	14
Latin America and Caribbean	21	16	14	5	3	2
CEE/CIS and Baltic States	8	5	5	6	5	5
Industrialized countries	3	2	1	3	1	1

Source: UNESCO.

Key future actions

281. Any plan to significantly reduce adult illiteracy must start with an effective expansion of primary education to reach those children who will otherwise become tomorrow's adult illiterates.

282. Effective large-scale programmes for adolescents and youth who have just passed the primary-school stage but face life without basic skills should be promoted; such programmes would constitute a "second chance" basic education opportunity combining literacy and basic knowledge.

283. Programmes with a literacy component should include, or be supplemented by, follow-up activities that provide opportunities for neo-literates to use their skills and continue learning in formal, non-formal and informal settings. Active partnerships between public authorities, communities and NGOs should be developed for this purpose.

284. Social mobilization is a key to the success of literacy campaigns, as has been demonstrated in several countries where campaigns are managed by specially created committees generally composed of voluntary agencies. The community-based mobilization approach needs to be emulated.

IV. CONCLUSION

285. The goals established at the 1990 World Summit for Children have had an extraordinary mobilizing power, generating a renewed level of activity on behalf of children around the world and creating new partnerships between Governments, NGOs, donors, the media, civil society and international organizations in pursuit of a common purpose. There is a wealth of evidence to show that the World Summit Declaration and Plan of Action, together with the almost simultaneous passage into international law of the Convention on the Rights of the Child, provided the impetus and the legal framework for galvanizing global action behind the cause of children.

286. Many factors contributed to this achievement, not least the children's cause which unites people in a unique way. The joint ownership of the children's agenda, which evolved through a process of international consultations and consensus-building, was an important element of its acceptance and translation into action. Of equal importance was the follow-up process whereby the agenda was taken up by Governments, especially in the developing world, and given expression in national programmes of action (NPAs) and in similar sub-national programmes of action at the state, provincial, district and municipal level in many countries.

287. The establishment of time-bound and measurable goals by the World Summit for Children was a pioneering endeavour, designed not only to mobilize resources and commitment, but to help shape programmes of activity and give them clear aims and directions. It was an effective strategy, but also a courageous one; if the targets proved unattained or unattainable, it carried the risk of disappointment and a sense of overambition and failure.

288. The child survival goals towards which the most striking progress has been made are those for immunization coverage, control of diarrhoeal diseases, polio, guinea worm, control of iodine deficiency disorders, access to safe drinking water and promotion of breastfeeding. Already, 89 countries have reached the end-of-decade target of over 90 per cent coverage of immunization, and the goal of eradication of polio by 2000 is promising. In the context of diarrhoeal disease, major progress on the spread of ORS/RHF treatment has been achieved. In iodine deficiency control, almost all countries with an IDD health problem are now iodizing salt and around 1.5 billion more people were consuming iodized salt in 1995 than in 1990. The population without access to safe drinking water has fallen by about one third since 1990. The mid-decade goal for promotion of breastfeeding by implementing "baby-friendly" regimes in maternity facilities was also effectively met. These are all highly significant achievements, and are owed mainly to World Summit for Children follow-up activities.

289. The present review has been forthright in acknowledging the lack of progress made in the context of certain goals. While under-five mortality has declined in all regions, the pace of progress has been too slow to meet the end-of-decade goal, particularly in sub-Saharan Africa and South Asia, which together account for three fourths of all under-five deaths. There has also been weak, uncertain or even negligible progress towards achieving malnutrition, maternal mortality, sanitation and girls' education goals. However, the slow starts in these areas do not detract from the fact that the overall message of

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the mid-decade review is one not of discouragement but its opposite. Where political commitment is present, resources have been allocated; where underlying causes have been rigorously analysed, where communities have been mobilized and where sound policies and programmes have been developed, notable progress has been made. Interventions of many different kinds across the social spectrum can make a significant impact. Rapid economic growth is essential to the achievement of the goals provided that its pattern enhances human development and its benefits are equitably shared among all segments of society. At the same time, low-income countries need not wait until their economies have gained strength before investing in children.

290. An important finding of the review is the importance of regional and local diversity in progress. Goals set at the global level offer standards which all countries can aim to reach. However, given their historical background, different levels of development, existing levels of capacity and other initial conditions, countries and regions face different degrees of challenge in meeting them. In the case of many goals, individual countries have managed to reach them, often against difficult odds; but their performance is masked by regional averages. Similarly, regional performance may be masked within global averages. In a report of this length it has not been possible to do justice to the striking and creative efforts made at the national and local levels in a large number of countries.

291. Another important theme of the review is the interconnected nature of the goals with the implementation of the Convention on the Rights of the Child. The ratification of the Convention legitimizes the goals by assigning to States parties legal responsibility to protect the rights of children and ensure that their basic needs are met. Where goals are close to being reached, the Convention demands that affirmative action be taken to reach the unreached, the children whose "especially difficult circumstances" at present keep them outside the range of mainstream services. The increasing attention being focused on children affected by armed conflict, exploitation, abuse and neglect suggests that the goal of improved protection for children in especially difficult circumstances will receive heightened effort during the rest of the decade.

292. An important lesson of the goal-by-goal review is the vital contribution of community participation. In many contexts, mobilization of communities behind a goal and behind the strategy for implementing a programme to reach the goal has been the critical ingredient of success. This lesson was amply demonstrated during the push for universal child immunization in the late 1980s; it has been reinforced during the 1990s effort on a wider range of social fronts.

293. One of the important international achievements associated with the World Summit for Children follow-up has been the work generated in connection with measurement. Setting measurable goals demanded a commensurate effort to put in place effective systems of data collection and use. The past five years have revealed shortcomings in existing systems and data, and even in the setting of the goals themselves. However, both national Governments and the international community are now in a far better position to establish baseline data and monitor progress. Not only effectiveness, but also cost-efficiency have been guiding principles in the work undertaken. At the same time, the need to

measure has not been allowed to override attention to quality-of-life improvements less susceptible to quantifiable analysis.

294. The main challenge ahead, to which Governments and the international community are dedicated, is the achievement of the goals by the year 2000. This will entail country-level adjustment and mid-course correction on the basis of the lessons learned over the past five years. The national mid-decade review has generated ideas about new directions in many countries. In some cases, these may require adjustments to existing national programmes of action, or the reformulation of goals and strategies grounded in heightened appreciation of local realities. In others, special attention will need to be given to capacity-building so as to ensure the sustainability of achievements. In the second half of the decade, there will be increasing emphasis on the prioritization of goals at national, sub-national and community levels and on adaptations and refinements to suit local situations to reflect, for instance, the presence of serious epidemic disease like HIV/AIDS, malaria or tuberculosis, or other problems felt in acute form.

295. Newly created partnerships must be strengthened and expanded. The inter-agency collaboration generated by the goals for children must be built upon, and the networks of support by NGOs, the media and civil society must be allowed to develop their full potential. Continued advocacy and leadership in this connection by organizations of the United Nations system, notably UNICEF, is important.

296. Fulfilment of the goals will require continued mobilization of resources at all levels from the government budget, private enterprises, civil society and donor agencies. The cost-effective use of those resources will be important for the achievement and sustainability of universal access to basic social services. The United Nations will continue to advocate and support the 20/20 Initiative and will offer Governments advice in putting its principles into practice, as well as in monitoring progress in its implementation. With partners in the non-governmental, private sector and donor communities, efforts must continue to mobilize resources behind specific goals.

297. Sustaining the momentum for "keeping the World Summit promises to children" throughout the entire decade will not be an easy undertaking. However, during the course of the past five years recognition has grown that working towards achievement of the goals for children helps to catalyse activity on behalf of many other social and economic goals to which the international community has committed itself in the course of the 1990s. These include the slowing of population growth, the preservation and judicious management of the environment, the pursuit of human rights and the reduction of poverty.

298. The international conferences of the 1990s began with a powerful act of mobilization behind the children's cause. At the mid-decade point, it is time to renew our pledge on behalf of the world's children. An important challenge for future action will be the adjustment, refinement and prioritization of goals and strategies within the framework of the Convention on the Rights of the Child. The majority of national mid-decade reviews are now complete, but the full process of national, regional and global consultative activity to put in place a framework for future action has yet to run its course. These

consultations should involve a wide spectrum of key partners, including national Governments, non-governmental organizations, international organizations, the media, the private sector and donor agencies.

299. The General Assembly should consider holding a special session in five years' time to examine how far the world's nations have managed to fulfil their "promises for children" and implement the 1990 World Summit for Children Declaration and Plan of Action. The moment will then have come at which the international community should consider further goals and strategies beyond the year 2000 for the children of the new millennium.

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ANNEX I

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

The following goals, endorsed by the World Summit for Children in 1990, were formulated through extensive consultation in various international fora attended by virtually all Governments, the relevant UN agencies including WHO, UNICEF, UNFPA, UNESCO, UNDP and IBRD, and a large number of non-governmental organizations. These goals are recommended for implementation by all countries where they are applicable, with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, with respect for cultural, religious and social traditions. Additional goals that are particularly relevant to a country's specific situation should be added in its national plan of action. Achievements of these goals are essential to full implementation of the Convention on the Rights of the Child, which is the ultimate objective of programmes for children.

I. Major Goals for Child Survival, Development and Protection

Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one-third or to 50 and 70 per 1000 live births respectively, whichever is less.

Between 1990 and the year 2000, reduction of maternal mortality rate by half.

Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half.

Universal access to safe drinking water and to sanitary means of excrete disposal.

By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school age children.

Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy.

Improved protection of children in especially difficult circumstances.

II. Supporting/Sectoral Goals

1. *Women's health and education*

Special attention to the health and nutrition of the female child, and pregnant and lactating women.

Access by all couples to information and services to prevent pregnancies which are too early, too closely spaced, too late or too many.

Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high risk pregnancies and obstetric emergencies.

Universal access to primary education with special emphasis for girls and accelerated literacy programmes for women.

2. *Nutrition*

Reduction in severe as well as moderate malnutrition among under-five children by half of the 1990 levels.

Reduction of the rate of low birth weight (less than 2.5 kg) to less than 10 per cent.

Reduction of iron deficiency anaemia in women by one-third of the 1990 levels.

Virtual elimination of iodine deficiency disorders.

Virtual elimination of vitamin A deficiency and its consequences, including blindness.

Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year.

Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s.

Dissemination of knowledge and supporting services to increase food production to ensure household food security.

3. *Child health*

Global eradication of poliomyelitis by the year 2000.

Elimination of neonatal tetanus by 1995.

Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run.

Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age.

Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years; and 25 per cent reduction in the diarrhoea incidence rate.

Reduction by one-third in the deaths due to acute respiratory infections in children under five years.

4. *Water and sanitation*

Universal access to safe drinking water.

Universal access to sanitary means of excrete disposal.

Elimination of guinea-worm disease (dracunculiasis) by the year 2000.

5. *Basic education*

Expansion of early childhood development activities including appropriate low-cost family- and community- based interventions.

Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.

Reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.

Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.

6. *Children in Difficult Circumstances*

Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.

1995 MID-DECADE GOALS

1. Elimination of immunization coverage of six antigens of the Expanded Programme on Immunization to 80 per cent or more in all countries;

2. Elimination of neonatal tetanus;

3. Reduction of measles mortality by 95 per cent and measles morbidity by 90 per cent compared to pre-immunization levels;

4. Elimination of poliomyelitis in selected countries and regions (as a contribution towards global eradication of poliomyelitis by the year 2000);

5. Virtual elimination of Vitamin A deficiency;

6. Universal iodization of salt;

7. Achievement of 80 per cent usage of oral rehydration therapy as part of the programme to control diarrhoeal diseases;[2]

8. Making all hospitals and maternities "baby friendly" by ending free and low-cost supplies of infant formula and breastmilk substitutes and following the Ten Steps recommended by UNICEF and WHO;

9. Eradication of guinea worm disease (dracunculiasis);

10. Ratification of the Convention on the Rights of the Child by all countries.

PARTIAL TARGETS OF SELECTED GOALS BY 1995

1. Reduction of 1990 levels of severe and moderate malnutrition by one-fifth (20 per cent) or more;

2. Strengthen basic education so as to achieve reduction by one-third of the gap between the current primary school enrolment/retention rate and the year 2000 goal of reaching universal access to basic education and achievement of primary education by at least 80 per cent of school-age children and reduction of the gender gap in primary education in 1990 by one-third;

3. Increase water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 of water supply by one-fourth and of sanitation by one-tenth.

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[1] Additional goals/higher targets may be set on a country/regional basis. Many countries with infrastructures and drug availability have included a goals on ARI mortality reduction.

[2] In countries with infrastructures and drug availability, this goal may be extended to include 50 per cent of correct case management by health providers.

ANNEX II
STATUS REPORT ON SIGNING OF THE WORLD SUMMIT DECLARATION NATIONAL PROGRAMMES OF ACTION PREPARATION RATIFICATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD AS OF 31 MAY 1996

ASIA * 2 ** 5 *** 20	Declaration	CRC
Afghanistan	s	r
*** Bangladesh	s	r
*** Bhutan	s	r
Brunei Darussalam	ns	r
Cambodia	s	r
*** China	s	r
Cook Islands	ns	ns
*** Democratic People's	s	r
*** Republic of Korea	s	r
*** Fiji	s	r
*** India	s	r
*** Indonesia	s	r
* Kiribati	ns	r
** Lao People's Democratic Republic	s	r
*** Malaysia	s	r
*** Maldives	s	r
*** Marshall Islands	s	r
** Micronesia (Federated States of)	ns	r
*** Mongolia	s	r
*** Myanmar	ns	r
Nauru	ns	r
*** Nepal	s	r
Niue	ns	nr
*** Pakistan	s	r
* Papua New Guinea	s	r
*** Philippines	s	r
*** Republic of Korea	s	r
Republic of Palau	ns	r
Samoa	s	r
*** Singapore	ns	r
** Solomon Islands	s	r
*** Sri Lanka	s	r
*** Thailand	s	r
Tonga	s	r
** Tuvalu	ns	r
** Vanuatu	s	r
*** Viet Nam	s	r

SUB-SAHARAN AFRICA * 3 ** 12 *** 29	Declaration	CRC
* Angola	ns	r
*** Benin	s	r
*** Botswana	s	r
** Burkina Faso	s	r
*** Burundi	s	r
** Cameroon	s	r
** Cape Verde	s	r
*** Central African Republic	s	r
*** Chad	s	r
*** Comoros	s	r
*** Congo	s	r
*** Côte d'Ivoire	s	r
** Equatorial Guinea	s	r
* Eritrea	s	r
** Ethiopia	s	r
Gabon	s	r
*** Gambia	s	r
*** Ghana	s	r
*** Guinea	s	r
*** Guinea-Bissau	s	r
*** Kenya	s	r
*** Lesotho	s	r
** Liberia	s	r
** Madagascar	s	r
*** Malawi	s	r
*** Mali	s	r
*** Mauritania	s	r
*** Mauritius	s	r
*** Mozambique	s	r
*** Niger	s	r
*** Nigeria	s	r
*** Namibia	s	r
*** Rwanda	s	r
** Sao Tome and Principe	s	r
*** Senegal	s	r
* Seychelles	ns	r
** Sierra Leone	s	r
Somalia	ns	ns
** South Africa	s	r
*** Swaziland	s	r
** Togo	s	r
*** Uganda	s	r
*** United Republic of Tanzania	s	r
** Zaire	s	r
*** Zambia	s	r
*** Zimbabwe	s	r

LATIN AMERICA AND THE CARIBBEAN * 6 ** 3 *** 23	Declaration	CRC
* Antigua and Barbuda	s	r
*** Argentina	s	r
* Bahamas	ns	r
*** Barbados	s	r
*** Belize	s	r
*** Bolivia	s	r
** Brazil	s	r
*** Chile	s	r
*** Colombia	s	r
*** Costa Rica	s	r
*** Cuba	s	r
** Dominica	s	r
*** Dominican Republic	s	r
*** Ecuador	s	r
*** El Salvador	s	r
* Grenada	s	r
*** Guatemala	s	r
*** Guyana	s	r
Haiti	s	r
*** Honduras	s	r
*** Jamaica	s	r
*** Mexico	s	r
*** Nicaragua	s	r
*** Panama	s	r
*** Paraguay	s	r
*** Peru	s	r
* Saint Kitts and Nevis	s	r
** Saint Lucia	s	r
* Saint Vincent and the Grenadines	s	r
* Suriname	s	r
*** Trinidad and Tobago	s	r
*** Uruguay	s	r
*** Venezuela	s	r

MIDDLE EAST AND NORTH AFRICA * 1 ** 2 *** 16	Declaration	CRC
*** Algeria	s	r
*** Bahrain	ns	r
Cyprus	ns	r
*** Djibouti	s	r
*** Egypt	s	r
*** Iran (Islamic Republic of)	s	r
* Iraq	ns	r
*** Jordan	s	r
*** Kuwait	s	r
*** Lebanon	s	r
** Libyan Arab Jamahiriya	ns	r
*** Morocco	s	r
*** Oman	ns	ns
*** Qatar	s	r
*** Saudi Arabia	ns	r
*** Sudan	s	r
*** Syrian Arab Republic	s	r
*** Tunisia	s	r
*** United Arab Emirates	ns	ns
** Yemen	s	r

INDUSTRIALIZED COUNTRIES * 1 ** 2 *** 15	Declaration	CRC
Andorra	ns	r
*** Australia	s	r
Austria	s	r
*** Belgium	s	r
*** Canada	s	r
*** Denmark	s	r
*** Finland	s	r
* France	s	r
*** Germany	s	r
Greece	s	r
*** Holy See	s	r
Iceland	s	r
Ireland	s	r
Israel	s	r
** Italy	s	r
*** Japan	s	r
Luxembourg	s	r
Liechtenstein	s	r
Malta	ns	r
Monaco	s	r
*** Netherlands	s	r
*** New Zealand	s	r
*** Norway	s	r
*** Portugal	s	r
San Marino	ns	r
** Spain	s	r
*** Sweden	s	r
Switzerland	ns	s
*** United Kingdom of Great Britain and Northern Ireland	s	r
*** United States of America	s	s

CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES *12 **1 *** 2	Declaration	CRC
* Albania	s	r
* Armenia	s	r
Azerbaijan	s	r
* Belarus	s	r
Bosnia and Herzegovina	s	r
* Bulgaria	s	r
* Croatia	s	r
* Czech Republic	s	r
Estonia	s	r
* Federal Rep. of Yugoslavia (Serbia and Montenegro)	s	r
* Georgia	s	r
* Hungary	s	r
Kazakstan	s	r
Kyrgyzstan	s	r
Latvia	s	r
Lithuania	s	r
Poland	s	r
Republic of Moldova	s	r
*** Romania	s	r
** Russian Federation	s	r
* Slovakia	ns	r
* Slovenia	s	r
Tajikistan	s	r
*** Turkey	s	r
The former Yugoslav Republic of Macedonia	s	r
Turkmenistan	s	r
* Ukraine	s	r
Uzbekistan	s	r

* Preparation under way: 25 countries.
** Draft/outline received: 25 countries.
*** National programmes of action finalized: 106 countries.
National programmes of action finalized, in draft form or under preparation: 156 countries.

Summit Declaration: 167 signed ; 26 not signed
CRC: 187 ratified ; 2 signed; 4 not signed

Note: In addition to the above, three dependent territories: British Virgin Island, Monserrat and Turks and Caicos have finalized Programmes of Action

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